

2016 ANNUAL OPERATING REPORT

Site:

GEIGY CHEMICAL CORPORATION CERCLA SITE
ABERDEEN, MOORE COUNTY, NORTH CAROLINA
COMMITTEE CORRESPONDENCE

Submitted To:

MR. JON BORNHOLM
USEPA REGION IV
61 FORSYTH STREET, SW
MAIL CODE: 9T25
ATLANTA, GA 30303-8960

Prepared By:

ENVIROTRAC LTD.
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GREENSBORO, NC 27410
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FEBRUARY 2017

*A Full Service Environmental Consulting
and Contracting Firm*





February 13, 2017

Mr. Jon Bornholm
Remedial Project Manager
USEPA Region IV
61 Forsyth Street, SW
Mail Code: 9T25
Atlanta, Georgia 30303-8960

**RE: 2016 Annual Operating Report
Groundwater Remediation Permit No. WQ0009949
Geigy Chemical Corporation CERCLA Site
Aberdeen, North Carolina**

Dear Mr. Bornholm:

On behalf of Olin Corporation and Syngenta Crop Protection (the Companies), the purpose of this letter is to transmit the analytical results for the 2016 annual sampling event for the Geigy Chemical Corporation CERCLA Site groundwater extraction, treatment, and discharge system. Information provided in this report includes:

- Monitoring requirements summary table (Attachment 1);
- Site extraction and treatment system layout (Attachment 2);
- Monitoring event analytical summary tables (Attachment 3);
- BHC isomer trend graphs for site indicator wells and figures (Attachment 4);
- Completed copies of NCDEQ GW-59 Forms and laboratory reports with chain-of-custody documents (Attachment 5); and
- Monthly windshield survey for new construction (Attachment 6).

The system performed as designed during 2016 and experienced minimal down-time. Over 8.3 million gallons of water was extracted and treated between December 30, 2015 and December 21, 2016, at an effective treatment efficiency of nearly 100 percent. The system is routinely shutdown for brief periods to conduct operation and maintenance activities such as replacing carbon drums, fittings, and bag filters. Well pumps, flow meters, and electrical relays were replaced without shutting down the system. Five 55-gallon drums of granular activated carbon were transported to Siemens for recycling/re-activation. Pumping of the Upper Black Creek Aquifer extraction wells (PW-1D, PW-2D, and PW-3D) continues to fulfill the closed-loop requirement of the Site Groundwater Remediation Permit. Due to the inconsistency in quality



control and results attributed to laboratory error, a different laboratory will be utilized during the 2017 sampling events.

BHC isomer concentration trend graphs are provided in Attachment 4. The graphs include data from the initial sampling event through the October 2016 sampling event to facilitate review of the groundwater quality monitoring data. Alpha-BHC, beta-BHC, delta-BHC, and gamma-BHC concentrations are provided on the graphs as these constituents typically represent the highest concentrations and detection frequencies among the pesticides included in the sample analyses. In reviewing the graphs, please note that monitoring wells MW-16S, MW-17S, and MW-18S are screened in the surficial aquifer to monitor the infiltration gallery. Monitoring wells MW-16D and MW-17D are screened in the Upper Black Creek aquifer and are located hydraulically upgradient of the site. The graphs generally indicate steady or decreasing trends in BHC isomer concentrations from historical levels.

Information provided in Attachment 5 of this submittal is intended to fulfill the annual reporting requirements described in Section IV, Paragraph 4 of the Site Groundwater Remediation Permit. Accordingly, one copy of this report has been sent to the North Carolina Department of Environmental Quality (NCDEQ) Division of Water Resources (DWR).

Monthly windshield surveys of properties within the BHC plume have been summarized on the Table included in Attachment 6. New construction was observed on Campbell Street between High Street and Bethesda Avenue during the October 2016 site reconnaissance and is documented on the form.

Should you have questions regarding the report, please contact Chris Hay at (336) 763-6025.

Sincerely,
ENVIROTRAC LTD.

A handwritten signature in cursive script that reads "Gail Hay".

Gail G. Hay, P.E.
Senior Engineer

A handwritten signature in cursive script that reads "Chris Hay".

Christopher W. Hay, E.I.
Principal

Enclosure

Cc: Doug Rumford, NCDEQ Superfund Section, w/enc.
Michael Rogers, NCDEQ DWR, w/enc.
Garland Hilliard, Olin Corporation, w/enc.
George Crouse, Syngenta, w/enc.

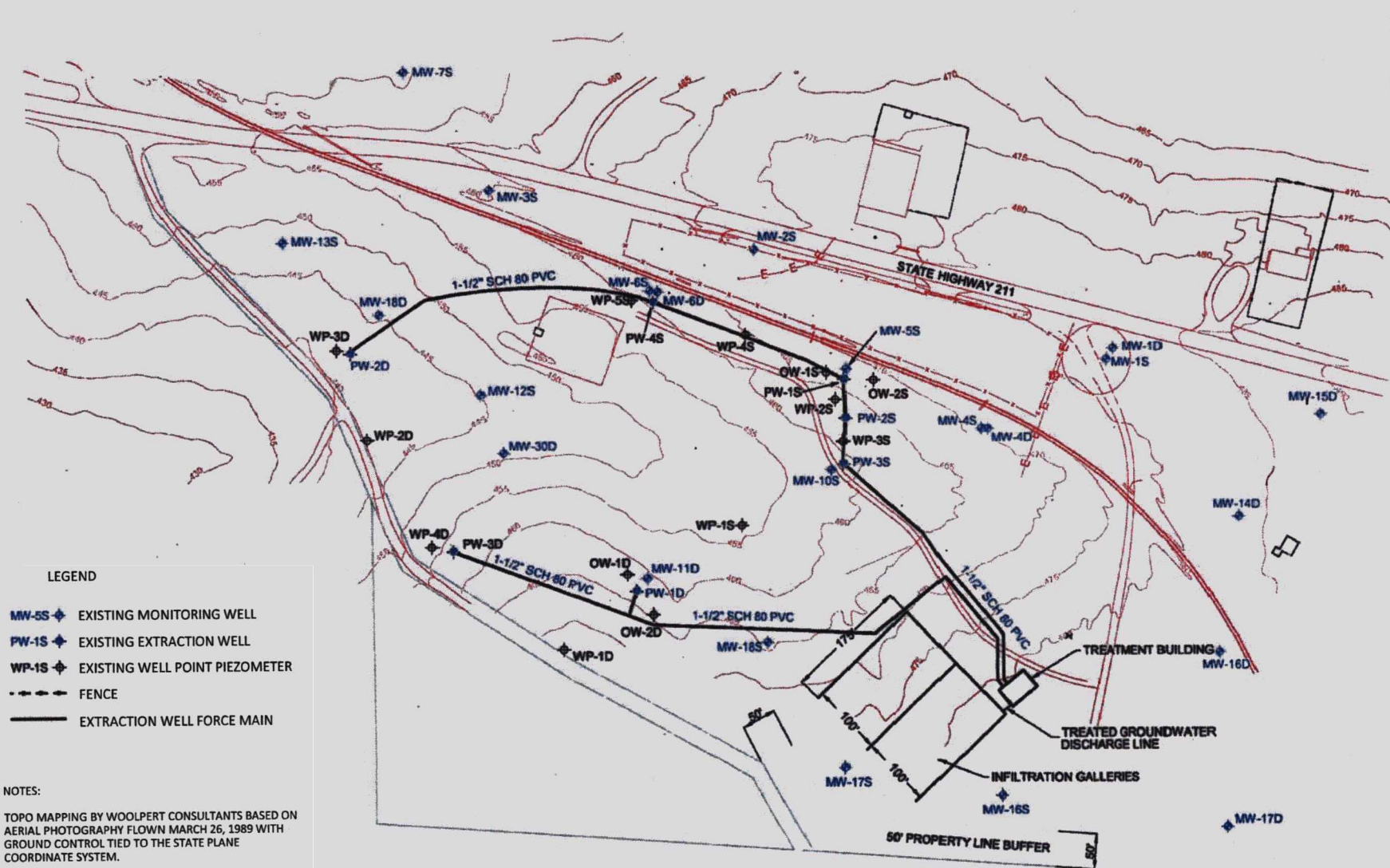
ATTACHMENT 1
MONITORING REQUIREMENTS
SUMMARY TABLE

TABLE 1: GROUNDWATER EXTRACTION AND TREATMENT SYSTEM MONITORING SCHEDULE

SAMPLE LOCATION	PARAMETERS		FREQUENCY	
	TCL PESTICIDES	TCE	QUARTERLY	ANNUALLY
MW-4S	✓			✓
MW-5S	✓			✓
MW-6S	✓			✓
MW-10S	✓	✓		✓
MW-16S	✓	✓		✓
MW-17S	✓	✓		✓
MW-18S	✓	✓		✓
MW-11D	✓	✓		✓
MW-16D		✓		✓
MW-17D		✓		✓
MW-18D	✓	✓		✓
MW-20D	✓			✓
MW-22D	✓			✓
MW-23D	✓			✓
MW-26D	✓			✓
MW-30D	✓	✓		✓
MW-22L	✓			✓
MW-25L	✓			✓
MW-27L	✓			✓
MW-31L	✓			✓
MW-32L	✓			✓
MW-36L	✓			✓
MW-37L	✓			✓
MW-38L	✓			✓
MW-39L	✓			✓
MW-40L	✓			✓
PZ-2	✓			✓
PZ-3	✓			✓
PZ-5	✓			✓
Influent	✓	✓	✓	
Effluent	✓	✓	✓	
Carbon Train A	✓	✓	✓	
Carbon Train B	✓	✓	✓	

ATTACHMENT 2

**SITE EXTRACTION AND TREATMENT
SYSTEM LAYOUT**



LEGEND

- MW-5S ◆ EXISTING MONITORING WELL
- PW-1S ◆ EXISTING EXTRACTION WELL
- WP-1S ◆ EXISTING WELL POINT PIEZOMETER
- - - - - FENCE
- EXTRACTION WELL FORCE MAIN

NOTES:

TOPO MAPPING BY WOOLPERT CONSULTANTS BASED ON AERIAL PHOTOGRAPHY FLOWN MARCH 26, 1989 WITH GROUND CONTROL TIED TO THE STATE PLANE COORDINATE SYSTEM.

PLANIMETRIC FEATURES WERE FIELD IDENTIFIED ON MAY 18, 1989 BY WOOLPERT CONSULTANTS.

ORIGINAL DRAWING PRODUCED BY RUST ENVIRONMENT AND INFRASTRUCTURE.

LOCATION OF ACCESS ROAD SHOWN ON THIS DRAWING IS APPROXIMATE.



7343 W. FRIENDLY AVENUE, SUITE J
GREENSBORO, NORTH CAROLINA

FIGURE 1
EXTRACTION AND TREATMENT SYSTEM SITE LAYOUT

Geigy Chemical Corporation
Aberdeen, North Carolina

DATE: 11/04/2015

APPROVED BY:

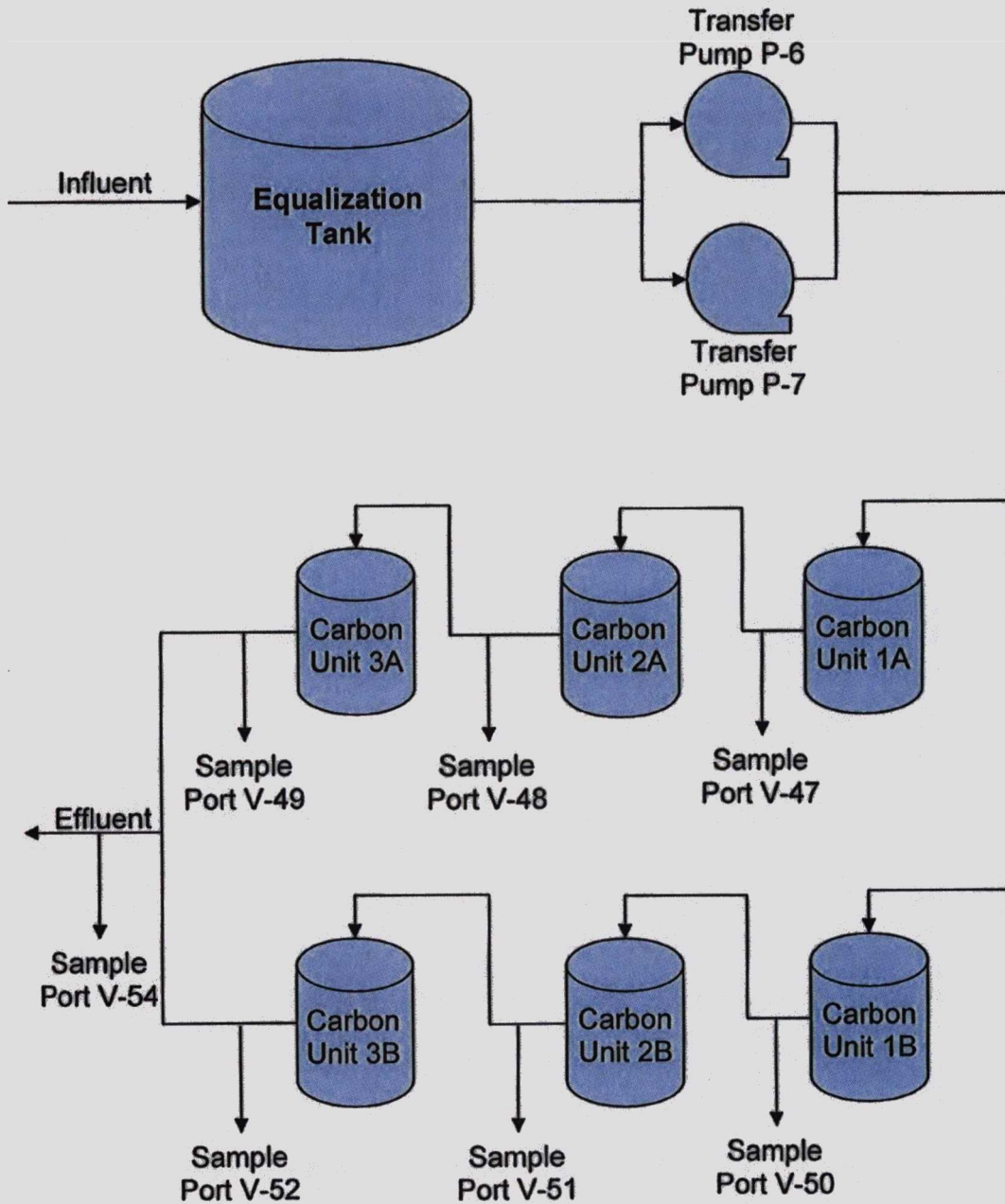
SCALE: AS SHOWN

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CWH

PROJECT NO: 11.990010.00

Figure 2
Treatment System Process Layout
Geigy Chemical Corporation Site



ATTACHMENT 3

**OCTOBER 2016 MONITORING EVENT
SUMMARY TABLES**

TABLE 2: UPPER BLACK CREEK AQUIFER GROUNDWATER MONITORING SUMMARY

PARAMETER	ANALYTICAL DATA							PERFORMANCE STANDARD
SAMPLE LOCATION	MW-11D	MW-18D	MW-20D	MW-22D	MW-23D	MW-26D	MW-30D	
DATE COLLECTED	10/04/16	10/05/16	10/04/16	10/04/16	10/04/16	10/04/16	10/04/16	
Aldrin	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	0.05
alpha-BHC	0.022 J	0.050	0.049 U	0.016 J p	0.040 J	0.014 J	0.12	0.05
beta-BHC	1.1	0.58	0.033 J	0.16	0.044 J	0.049 U	4.5	0.05
delta-BHC	0.072	0.11	0.049 U	0.067	0.049 U	0.049 U	0.50	0.05
gamma-BHC (Lindane)	0.019 J	0.062	0.049 U	0.019 J	0.030 J	0.030 J	0.11	0.2
alpha-Chlordane	0.027 J	0.049 U	0.049 U	0.050 U	0.049 U	0.019 J p	0.11	NE
gamma-Chlordane	0.019 J	0.049 U	0.049 U	0.0098 J	0.049 U	0.014 J	0.066	NE
Dieldrin	0.089 p	0.10	0.049 U	0.050 U	0.049 U	0.049 U	0.50	0.1
4,4'-DDD	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
4,4'-DDE	0.058 U	0.011 J p	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
4,4'-DDT	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Endosulfan I	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Endosulfan II	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Endosulfan sulfate	0.017 J	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Endrin	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Endrin aldehyde	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Endrin ketone	0.091	0.076	0.049 U	0.050 U	0.049 U	0.049 U	0.39	0.1
Heptachlor	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Heptachlor epoxide	0.030 J	0.013 J p	0.049 U	0.050 U	0.049 U	0.015 J	0.092	NE
Methoxychlor	0.058 U	0.049 U	0.049 U	0.050 U	0.049 U	0.049 U	0.049 U	NE
Toxaphene	2.1 J	3.2 J	4.9 U	5.0 U	4.9 U	4.9 U	8.1	1
Trichloroethene	1.0 U	1.1	NA	NA	NA	NA	1.3	**

NOTES

Results are presented in micrograms per liter

J = Estimated value less than the reporting limit but greater than the method detection limit

* = LCS and LCSD exceeds the control limits

** = Trichloroethene is not a COC for the Geigy site.

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

NE = No standard established

NA = Not analyzed for this compound

NS = Not sampled

U = Indicates the analyte was not detected

TABLE 3: LOWER BLACK CREEK AQUIFER GROUNDWATER MONITORING SUMMARY

PARAMETER	ANALYTICAL DATA													PERFORMANCE STANDARD
SAMPLE LOCATION	MW-22L	MW-25L	MW-27L	MW-31L	MW-32L	MW-36L	MW-37L	MW-38L	MW-39L	MW-40L	PZ-2	PZ-3	PZ-5	
DATE COLLECTED	10/04/16	10/05/16	10/19/16	10/19/16	10/19/16	10/04/16	10/05/16	10/19/16	10/19/16	10/19/16	10/05/16	10/05/16	10/19/16	
Aldrin	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	0.05
alpha-BHC	0.17	0.44	1.0	0.37	0.048 U	0.050 U	0.70	0.048 U	0.049 U	0.56	0.25	0.17	0.87	0.05
beta-BHC	0.70	0.39	2.3	0.72	0.048 U	0.050 U	0.63	0.048 U	0.049 U	1.3	0.20	0.083	0.30	0.05
delta-BHC	0.48	0.64	2.2	0.81	0.048 U	0.050 U	1.3	0.048 U	0.049 U	1.9	0.19	0.10	0.48	0.05
gamma-BHC (Lindane)	0.13	0.077	0.19	0.073	0.048 U	0.050 U	0.14	0.048 U	0.049 U	0.087	0.18	0.12	0.22	0.2
alpha-Chlordane	0.026 J	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
gamma-Chlordane	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.0087 J	0.053 U	0.055 U	0.052 U	NE
Dieldrin	0.057 p	0.051 U	0.097	0.021 J	0.048 U	0.050 U	0.014 J	0.012 J	0.049 U	0.032 J	0.017 J	0.055 U	0.052 U	0.1
4,4'-DDD	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
4,4'-DDE	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
4,4'-DDT	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Endosulfan I	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Endosulfan II	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Endosulfan sulfate	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Endrin	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Endrin aldehyde	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Endrin ketone	0.061	0.024 J	0.19	0.050 J	0.048 U	0.050 U	0.036 J	0.048 U	0.049 U	0.074	0.053 U	0.055 U	0.019 J	0.1
Heptachlor	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Heptachlor epoxide	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Methoxychlor	0.050 U	0.051 U	0.048 U	0.051 U	0.048 U	0.050 U	0.051 U	0.048 U	0.049 U	0.047 U	0.053 U	0.055 U	0.052 U	NE
Toxaphene	1.5 J	5.1 U	4.8 U	5.1 U	4.8 U	5.0 U	5.1 U	4.8 U	4.9 U	4.7 U	5.3 U	5.5 U	5.2 U	1

NOTES

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* = LCS and LCSD exceeds the control limits

NE = No standard established

NA = Not analyzed for this compound

U = Indicates the analyte was not detected

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

TABLE 4: INFLUENT AND EFFLUENT MONITORING SUMMARY

PARAMETER	FIRST QUARTER				SECOND QUARTER						THIRD QUARTER		FOURTH QUARTER		PERFORMANCE STANDARD
DATE COLLECTED	01/27/16		02/19/16 (resample)		04/28/16		05/17/16 (resample)		06/24/16 (resample)		07/12/16	07/12/16	10/04/16	10/04/16	
SAMPLE LOCATION	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	
Aldrin	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0479	0.0216 U	0.029 U	0.0057 U	0.018 J p	0.048 U	0.05
alpha-BHC	0.055	0.049 U	0.053	0.049 U	0.042 J	0.048 U	0.048 U	0.048 U	0.0385	0.0216 U	0.053 U	0.010 U	0.072	0.048 U	0.05
beta-BHC	2.8	0.059	2.6	0.049 U	2.3	0.057	0.048 U	0.12	1.94	0.0849	2.1	0.0066 U	3.2	0.20	0.05
delta-BHC	0.44	0.049 U	0.37	0.049 U	0.45	0.048 U	0.048 U	0.017 J	0.301	0.0216 U	0.37	0.0075 U	0.46	0.017 J p	0.05
gamma-BHC (Lindane)	0.037 J p	0.049 U	0.037 J p	0.049 U	0.032 J p	0.048 U	0.048 U	0.048 U	0.0498	0.0216 U	0.063 U	0.012 U	0.083	0.048 U	0.2
alpha-Chlordane	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.053 U	0.010 U	0.094	0.014 J	NE
gamma-Chlordane	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.0059 J p	0.0216 U	0.0216 U	0.087 U	0.017 U	0.047 U	0.013 J	NE
Dieldrin	0.32	0.049 U	0.33	0.049 U	0.33 B	0.032 J B	0.048 U	0.076	0.284	0.0303 p	0.24 p	0.012 U	0.36	0.074	0.1
4,4'-DDD	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.058 U	0.011 U	0.047 U	0.048 U	NE
4,4'-DDE	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0885	0.0216 U	0.069 J	0.0094 U	0.047 U	0.048 U	NE
4,4'-DDT	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.077 U	0.015 U	0.047 U	0.048 U	NE
Endosulfan I	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.053 U	0.010 U	0.047 U	0.048 U	NE
Endosulfan II	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.178	0.0216 U	0.029 U	0.0057 U	0.047 U	0.048 U	NE
Endosulfan sulfate	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.038 U	0.0075 U	0.047 U	0.048 U	NE
Endrin	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.048 U	0.0094 U	0.047 U	0.048 U	NE
Endrin aldehyde	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.043 U	0.0085 U	0.047 U	0.048 U	NE
Endrin ketone	0.28	0.049 U	0.35	0.049 U	0.23	0.024 J	0.048 U	0.043 J	0.186	0.0226	0.16	0.014 U	0.22	0.051	0.1
Heptachlor	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.029 U	0.0057 U	0.047 U	0.048 U	NE
Heptachlor epoxide	0.051 U	0.049 U	0.086	0.049 U	0.055 p B	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.034 U	0.0066 U	0.054 p	0.048 U	NE
Methoxychlor	0.051 U	0.049 U	0.048 U	0.049 U	0.048 U	0.048 U	0.048 U	0.048 U	0.0216 U	0.0216 U	0.087 U	0.017 U	0.047 U	0.048 U	NE
Toxaphene	5.7	4.9 U	6.3	4.9 U	7.3	4.8 U	0.048 U	1.1 J	1.72 U	1.72 U	5.8 U	1.1 U	6.7	1.1 J	1
Trichloroethene	0.93 J	1.0 U	0.77 J	1.0 U	1.0 U	1.0 U	0.73 J	1.0 U	1.0 U	1.0 U	0.66 J	0.20 U	0.53 J	1.0 U	**

NOTES

Results are presented in micrograms per liter

J = Estimated value less than the reporting limit but greater than the method detection limit

** = Trichloroethene is not a COC for the Geigy site.

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

NE = No standard established

U = Indicates the analyte was not detected

TABLE 5: ON SITE GROUNDWATER MONITORING SUMMARY

PARAMETER	ANALYTICAL DATA												PERFORMANCE STANDARD
SAMPLE LOCATION	MW-4S	MW-5S	MW-6S	MW-10S	MW-11D	MW-16S	MW-16D	MW-17S	MW-17D	MW-18S	MW-18D	MW-30D	
DATE COLLECTED	10/05/16	10/05/16	10/05/16	10/05/16	10/04/16	10/04/16	10/04/16	10/04/16	10/04/16	10/04/16	10/05/16	10/04/16	
Aldrin	0.050 U	0.096 p	0.011 J p	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	0.05
alpha-BHC	0.14	0.026 J	0.039 J	0.055 U	0.022 J	0.053 U	NA	0.049 U	NA	0.055 U	0.050	0.12	0.05
beta-BHC	48	2.5	2.8	0.31	1.1	0.053 U	NA	0.020 J	NA	0.063	0.58	4.5	0.05
delta-BHC	0.40 p	0.23	0.24	0.055 U	0.072	0.053 U	NA	0.049 U	NA	0.055 U	0.11	0.50	0.05
gamma-BHC (Lindane)	0.077 p	0.058	0.051 U	0.055 U	0.019 J	0.053 U	NA	0.049 U	NA	0.055 U	0.062	0.11	0.2
alpha-Chlordane	0.050 U	0.22	0.051 U	0.055 U	0.027 J	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.11	NE
gamma-Chlordane	0.050 U	0.15	0.051 U	0.055 U	0.019 J	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.066	NE
Dieldrin	6.2	0.87	0.22	0.037 J p	0.089 p	0.053 U	NA	0.049 U	NA	0.031 J	0.10	0.50	0.1
4,4'-DDD	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
4,4'-DDE	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.011 J p	0.049 U	NE
4,4'-DDT	0.050 U	0.058 U	0.051 U	0.021 J p	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Endosulfan I	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Endosulfan II	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Endosulfan sulfate	0.050 U	0.058 U	0.051 U	0.055 U	0.017 J	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Endrin	1.5	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Endrin aldehyde	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Endrin ketone	6.4	0.29	0.18	0.061	0.091	0.053 U	NA	0.049 U	NA	0.021 J	0.076	0.39	0.1
Heptachlor	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Heptachlor epoxide	0.52 p	0.058 U	0.032 J p	0.055 U	0.030 J	0.053 U	NA	0.049 U	NA	0.055 U	0.013 J p	0.092	NE
Methoxychlor	0.050 U	0.058 U	0.051 U	0.055 U	0.058 U	0.053 U	NA	0.049 U	NA	0.055 U	0.049 U	0.049 U	NE
Toxaphene	24 p	17	4.2 J p	0.52 J p	2.1 J	5.3 U	NA	4.9 U	NA	0.24 J p	3.2 J	8.1	1
Trichloroethene	NA	NA	NA	1.0 U	1.0 U	1.0 U	59	1.0 U	160	1.0 U	1.1	1.3	**

NOTES

Results are presented in micrograms per liter

J = Estimated value less than the reporting limit but greater than the method detection limit

** = Trichloroethene is not a COC for the Geigy site.

p = The %RPD between the primary and confirmation column/detector is >40%. The lower value has been reported.

Bold = Concentration exceeds performance standard or method detection limits if no standard is established

NE = No standard established

NA = Not analyzed for this compound

U = Indicates the analyte was not detected

TABLE 6: GROUNDWATER EXTRACTION AND TREATMENT SYSTEM SUMMARY

LOCATION	12/30/15	01/27/16	02/18/16	03/30/16	04/28/16	05/17/16	06/24/16	07/12/16	08/03/16	09/13/16	10/04/16	11/17/16	12/21/16
PW-1S	5,206,763	5,224,913	5,236,925 ¹	5,248,937 ¹	5,260,949 ¹	5,315,555	5,389,506	5,444,649	5,497,625	5,590,483	5,635,708	5,801,840	5,888,097
PW-1D	61,803,778	62,151,975	62,426,174	62,799,300	63,127,268	63,310,481	63,582,674	63,770,362	64,024,704	64,498,994	64,745,517	64,994,611	65,284,971 ⁴
PW-2S	1,433,548	1,448,740	1,461,833	1,489,090	1,508,759	1,521,071	1,534,733	1,549,081	1,562,714	1,592,971	1,607,212	1,639,836	1,661,379
PW-2D	17,764,743	17,851,900	17,924,972	18,035,403	18,135,426	18,198,085	18,292,463	18,358,062	18,443,471	18,599,433	18,680,834	18,830,507	18,904,723
PW-3S	1,761,752	1,789,383	1,815,958	1,868,177	1,898,690	1,932,954 ²	1,967,214 ³	1,977,096	1,990,180	2,015,664	2,028,463	2,097,147	2,129,564
PW-3D	15,098,339	15,190,393	15,267,088	15,379,319	15,491,550	15,553,572	15,645,840	15,710,541	15,796,869	15,942,912	16,020,768	16,155,994	16,219,565
PW-4S	21,539,792	21,663,883	21,762,731	21,892,699	22,014,538	22,089,076	22,201,959	22,275,963	22,384,675	22,580,281	22,678,719	22,843,876	22,920,173
Extraction Wells	124,608,715	125,321,187	125,895,681	126,712,925	127,437,180	127,920,794	128,614,389	129,085,754	129,700,238	130,820,738	131,397,221	132,363,811	133,008,472
Treatment Building	132,466,791	133,213,702	133,798,492	134,778,887	135,492,555	135,961,742	136,646,738	137,138,855	137,781,637	138,956,896	139,557,837	140,790,259	141,398,952
Difference	7,858,076	7,892,515	7,902,811	8,065,962	8,055,375	8,040,948	8,032,349	8,053,101	8,081,399	8,136,158	8,160,616	8,426,448	8,390,480
% Difference	5.9%	5.9%	5.9%	6.0%	5.9%	5.9%	5.9%	5.9%	5.9%	5.9%	5.8%	6.0%	5.9%

LOCATION	11/04/15	12/30/15	01/27/16	02/18/16	03/30/16	04/28/16	05/17/16	06/24/16	07/12/16	08/03/16	09/13/16	10/04/16	11/17/16
TIME PERIOD	12/30/15	01/27/16	02/18/16	03/30/16	04/28/16	05/17/16	06/24/16	07/12/16	08/03/16	09/13/16	10/04/16	11/17/16	12/21/16
DAYS IN PERIOD	56	28	22	41	29	19	38	18	22	41	21	44	34
TOTAL DAYS OF OPERATION	6,735	6,763	6,785	6,826	6,855	6,874	6,912	6,930	6,952	6,993	7,014	7,058	7,092
Average Daily Volume (gallons)													
PW-1S	470	648	548	293	414	2,874	1,946	3,064	2,408	2,265	2,154	3,776	2,537
PW-1D	10,586	12,436	12,464	9,101	11,309	9,643	7,163	10,427	11,561	11,568	11,739	5,661	8,540
PW-2S	423	543	595	665	678	648	360	797	620	738	678	741	634
PW-2D	2,125	3,113	3,321	2,693	3,449	3,298	2,484	3,644	3,882	3,804	3,876	3,402	2,183
PW-3S	629	987	1,208	1,274	1,052	1,803	902	549	595	622	609	1,561	953
PW-3D	2,985	3,288	3,486	2,737	3,870	3,264	2,428	3,595	3,924	3,562	3,707	3,073	1,870
PW-4S	3,401	4,432	4,493	3,170	4,201	3,923	2,971	4,111	4,941	4,771	4,688	3,754	2,244
Extraction Wells	20,618	25,445	26,113	19,933	24,974	25,453	18,253	26,187	27,931	27,329	27,452	21,968	18,961
Average Flow Rate (gallons per minute)													
PW-1S	0.33	0.45	0.38	0.20	0.29	2.00	1.35	2.13	1.67	1.57	1.50	2.62	1.76
PW-1D	7.35	8.64	8.66	6.32	7.85	6.70	4.97	7.24	8.03	8.03	8.15	3.93	5.93
PW-2S	0.29	0.38	0.41	0.46	0.47	0.45	0.25	0.55	0.43	0.51	0.47	0.51	0.44
PW-2D	1.48	2.16	2.31	1.87	2.40	2.29	1.72	2.53	2.70	2.64	2.69	2.36	1.52
PW-3S	0.44	0.69	0.84	0.88	0.73	1.25	0.63	0.38	0.41	0.43	0.42	1.08	0.66
PW-3D	2.07	2.28	2.42	1.90	2.69	2.27	1.69	2.50	2.73	2.47	2.57	2.13	1.30
PW-4S	2.36	3.08	3.12	2.20	2.92	2.72	2.06	2.86	3.43	3.31	3.26	2.61	1.56
Extraction Wells	14.32	17.67	18.13	13.84	17.34	17.68	12.68	18.19	19.40	18.98	19.06	15.26	13.17
SYSTEM TO DATE	13.66	13.68	13.69	13.71	13.73	13.74	13.73	13.74	13.76	13.80	13.82	13.85	13.85

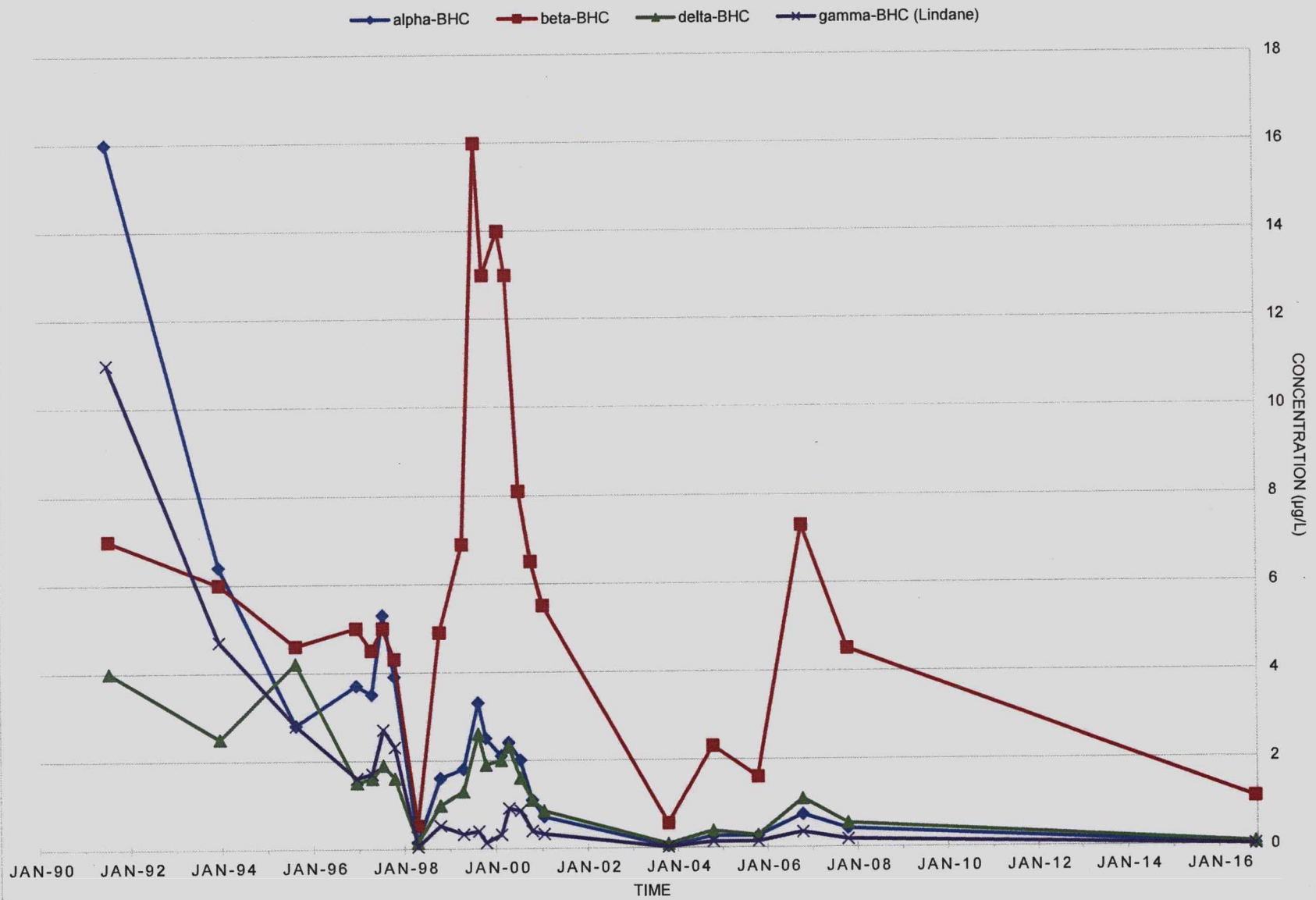
NOTES

¹ Estimated gallons, based on average flow during the last three years. Flow meter replaced 4/28/16.² Groundwater pump in PW-3S failed and was replaced 5/19/16.³ Estimated gallons, based on average flow during the last three years. Flow meter replaced 7/18/16.⁴ Estimated gallons, based on average flow during the last three years. Flow meter replaced 12/21/16.

ATTACHMENT 4

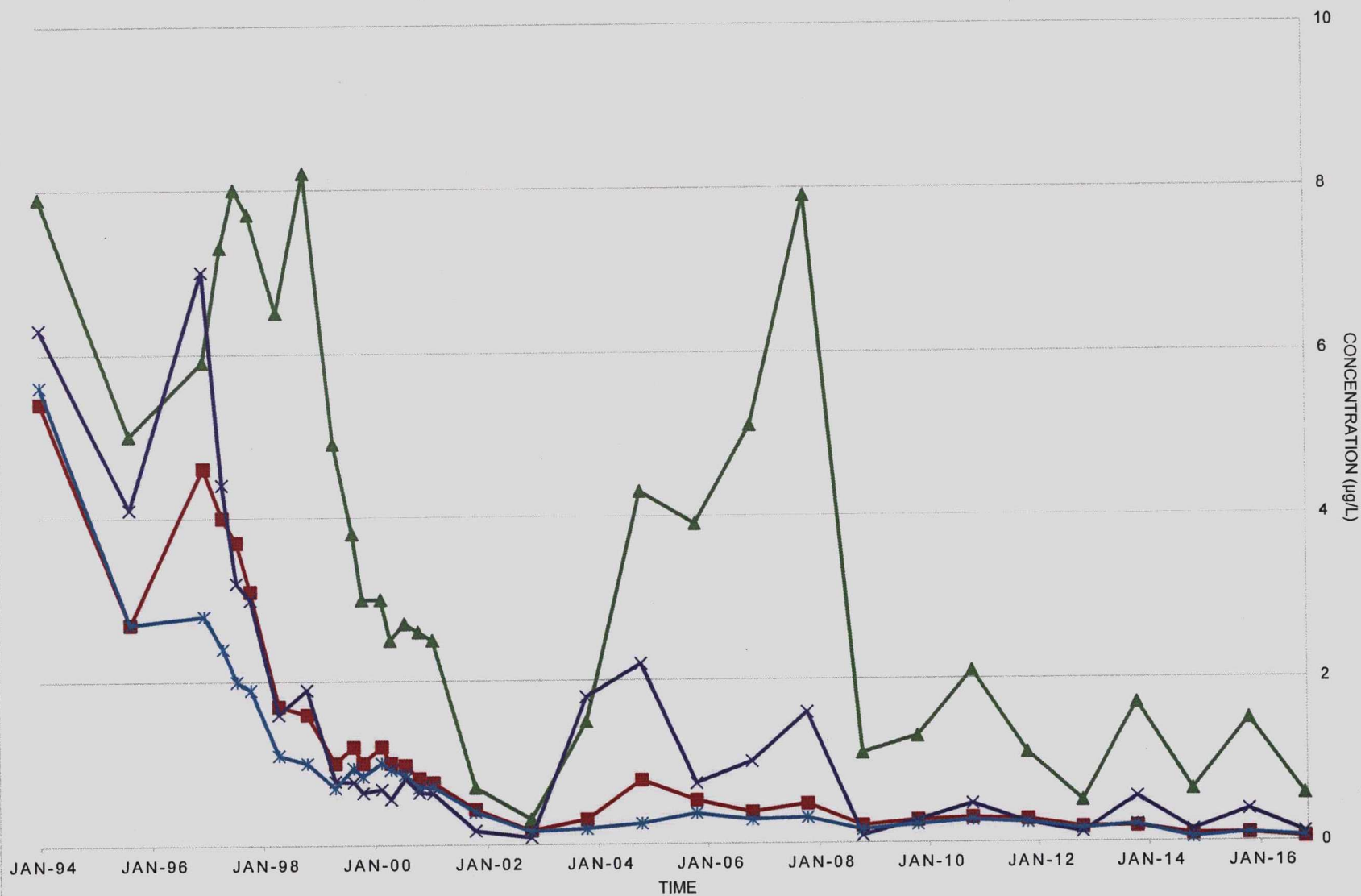
BHC ISOMER TREND GRAPHS AND FIGURES

MW-11D



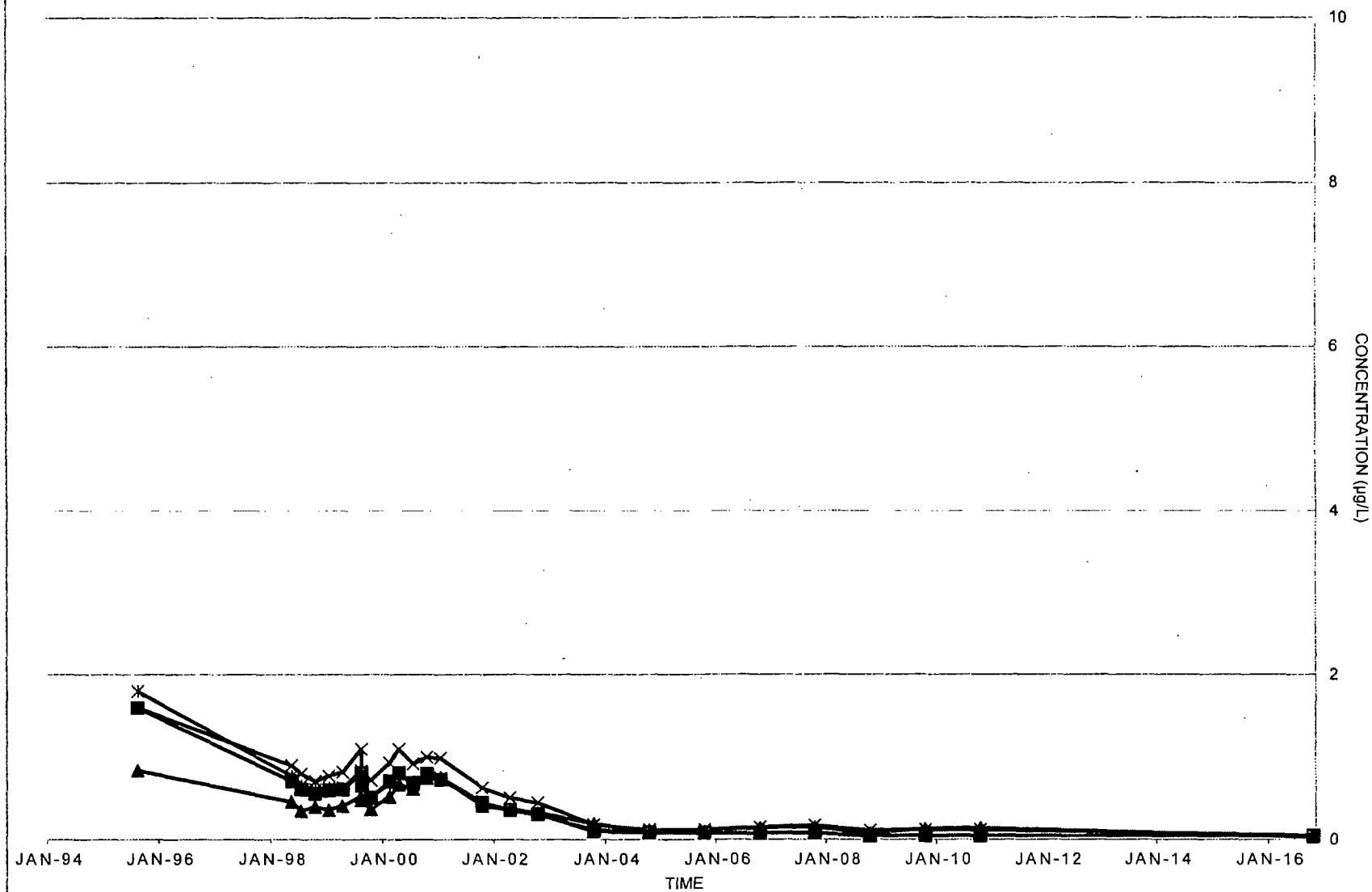
MW-18D

alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)



MW-20D

—■— alpha-BHC —▲— beta-BHC —x— delta-BHC —*— gamma-BHC (Lindane)



MW-22D

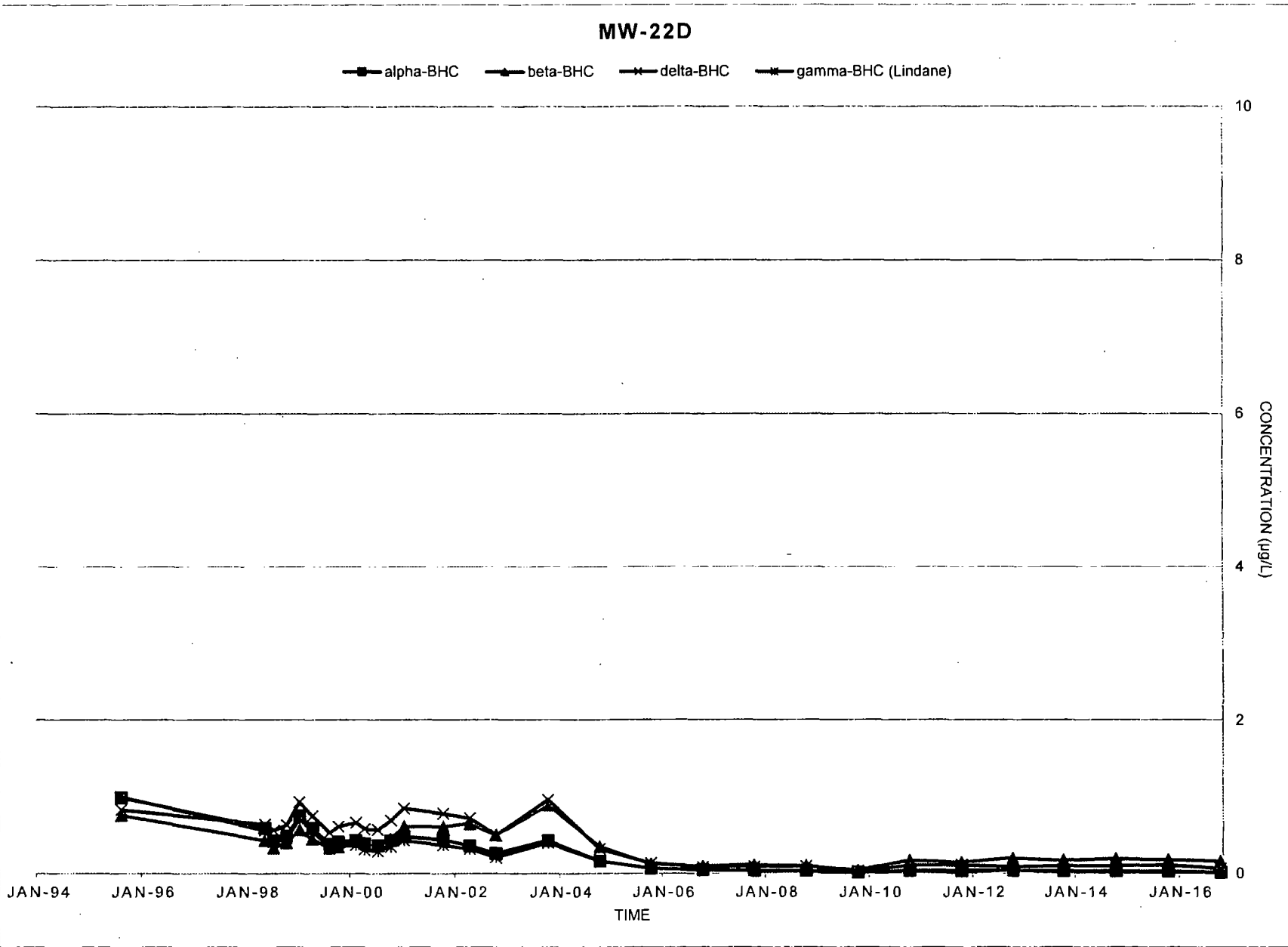
—■— alpha-BHC —▲— beta-BHC —x— delta-BHC —*— gamma-BHC (Lindane)

10
8
6
4
2
0

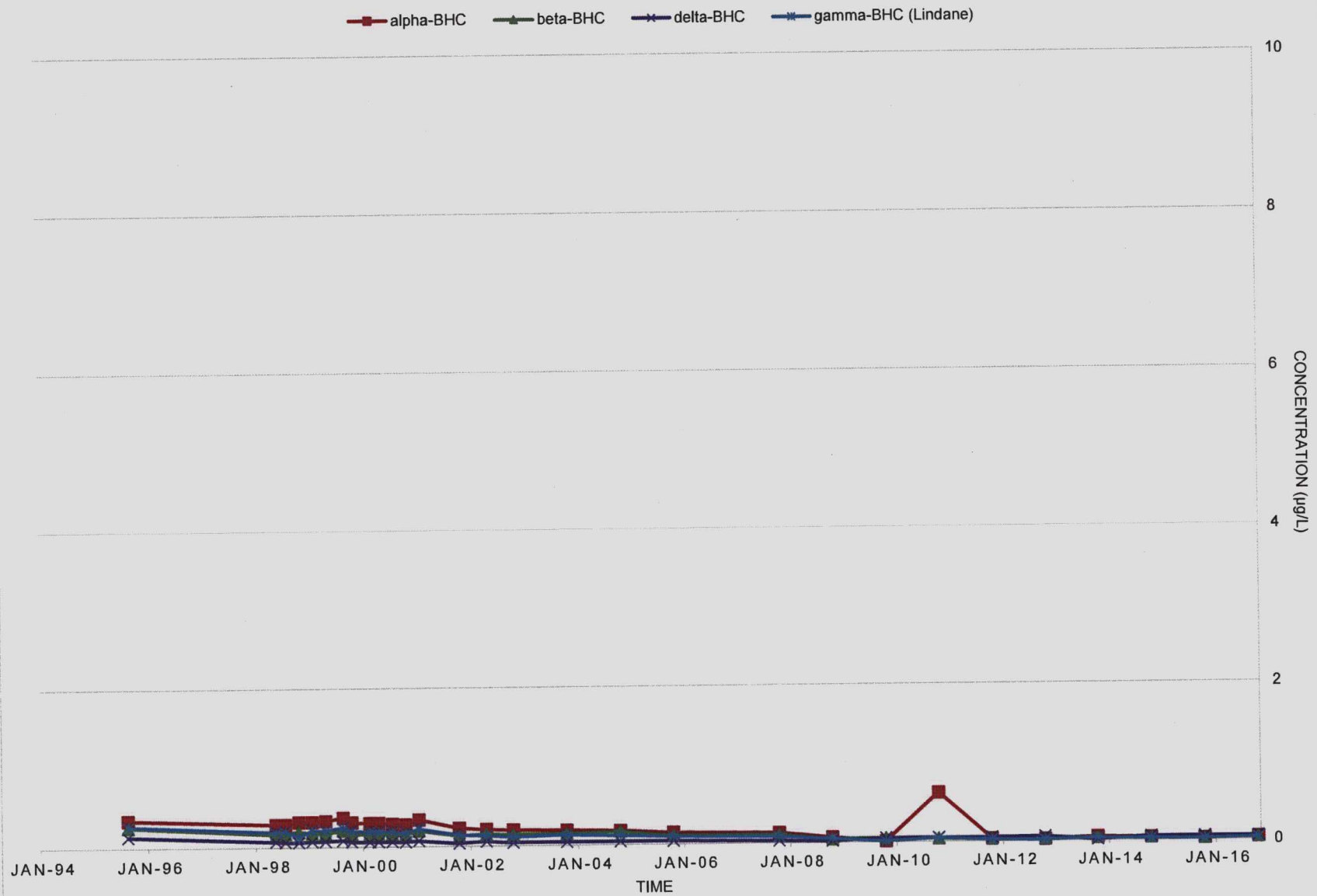
CONCENTRATION (µg/L)

JAN-94 JAN-96 JAN-98 JAN-00 JAN-02 JAN-04 JAN-06 JAN-08 JAN-10 JAN-12 JAN-14 JAN-16

TIME



MW-23D



MW-26D

—■— alpha-BHC —▲— beta-BHC —×— delta-BHC —*— gamma-BHC (Lindane)

CONCENTRATION (µg/L)

10

8

6

4

2

0

TIME

JAN-94

JAN-96

JAN-98

JAN-00

JAN-02

JAN-04

JAN-06

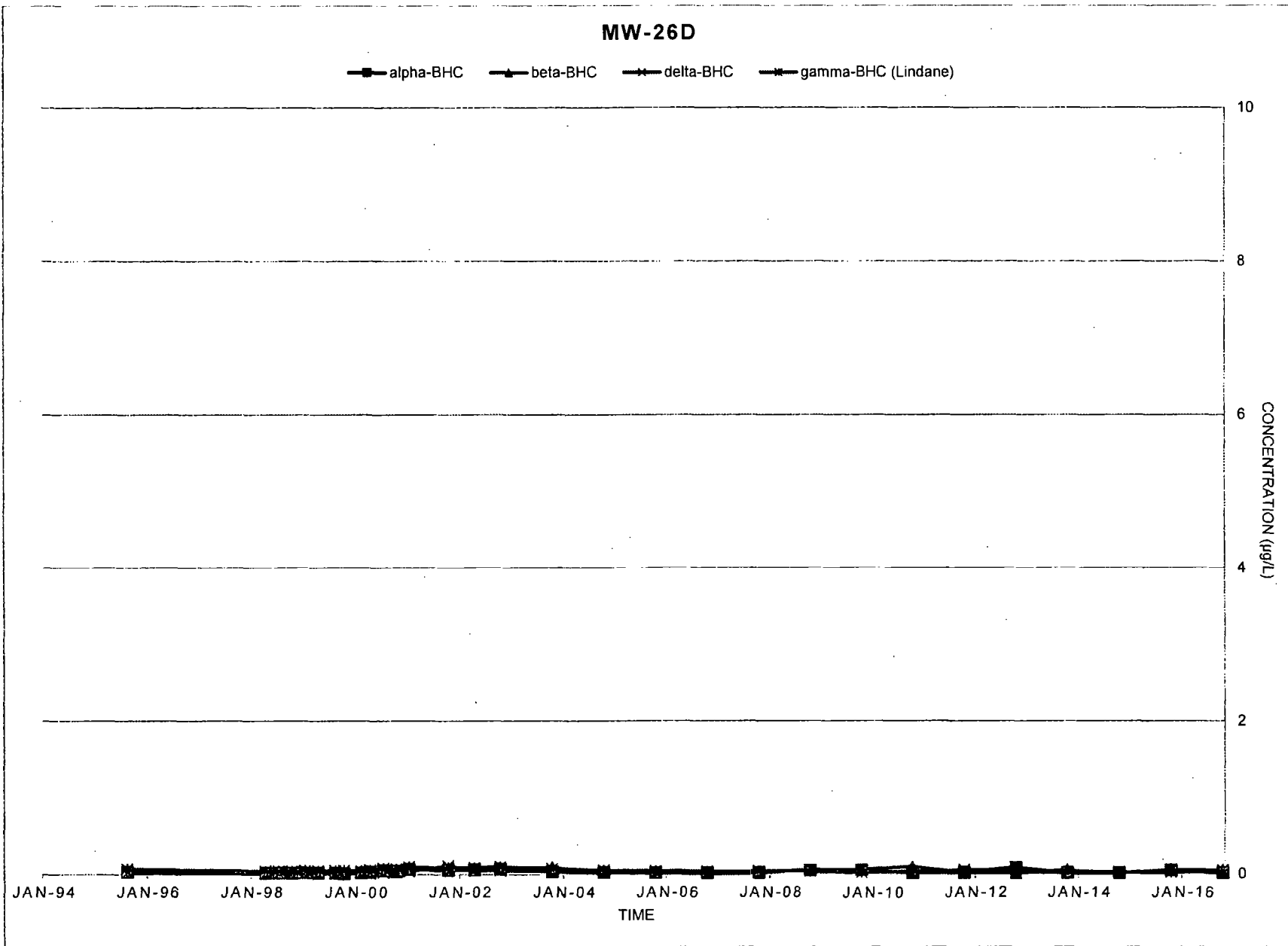
JAN-08

JAN-10

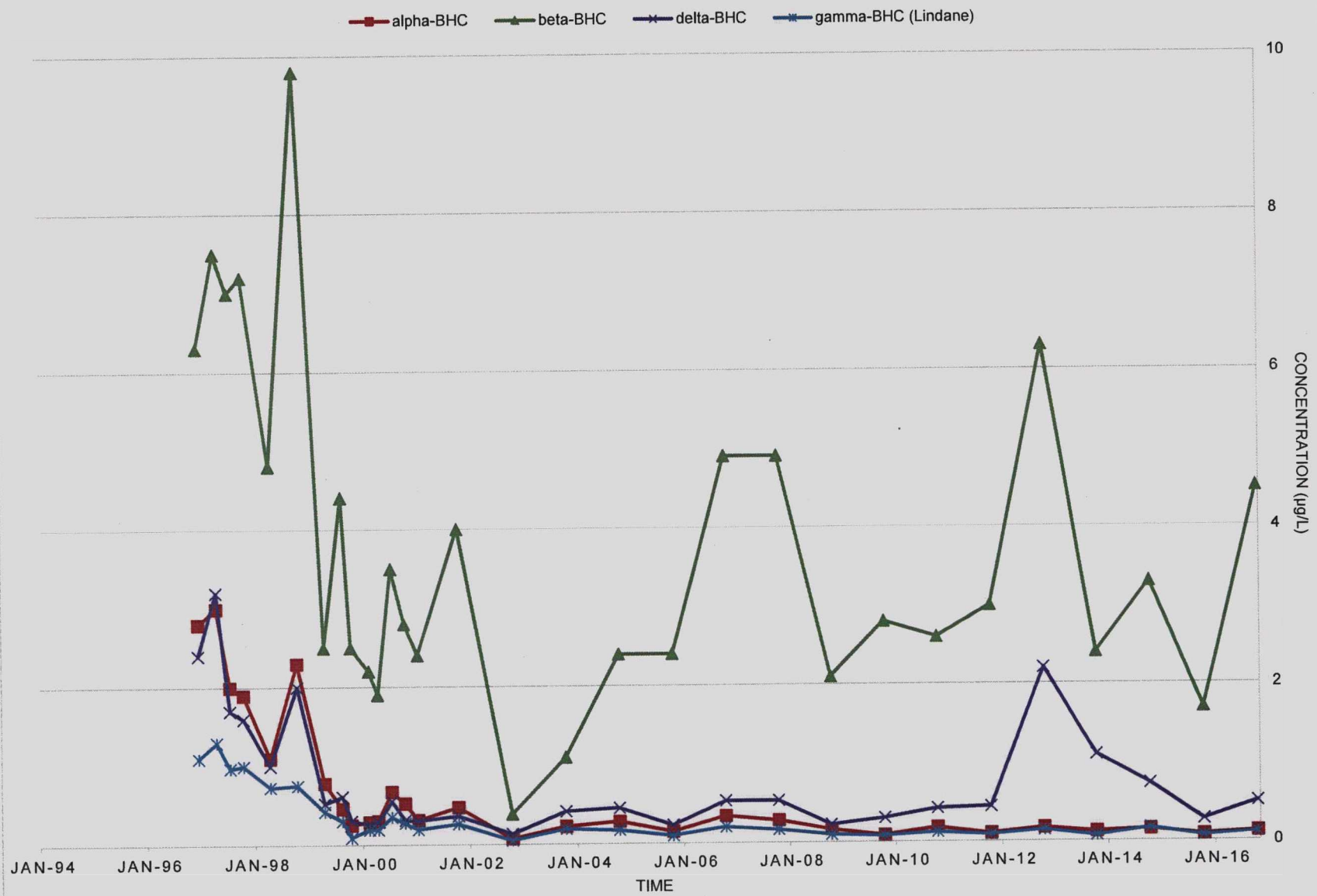
JAN-12

JAN-14

JAN-16

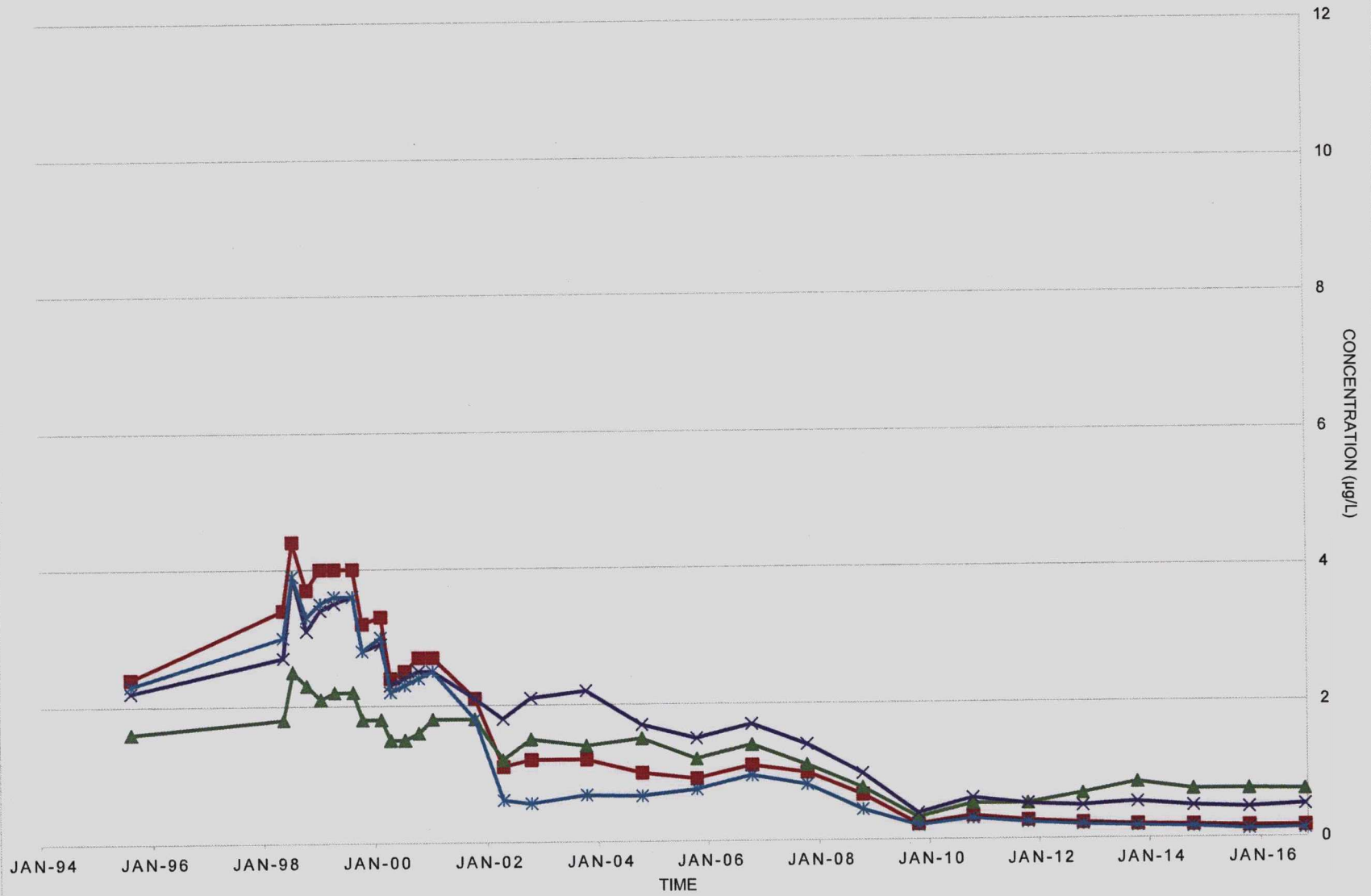


MW-30D



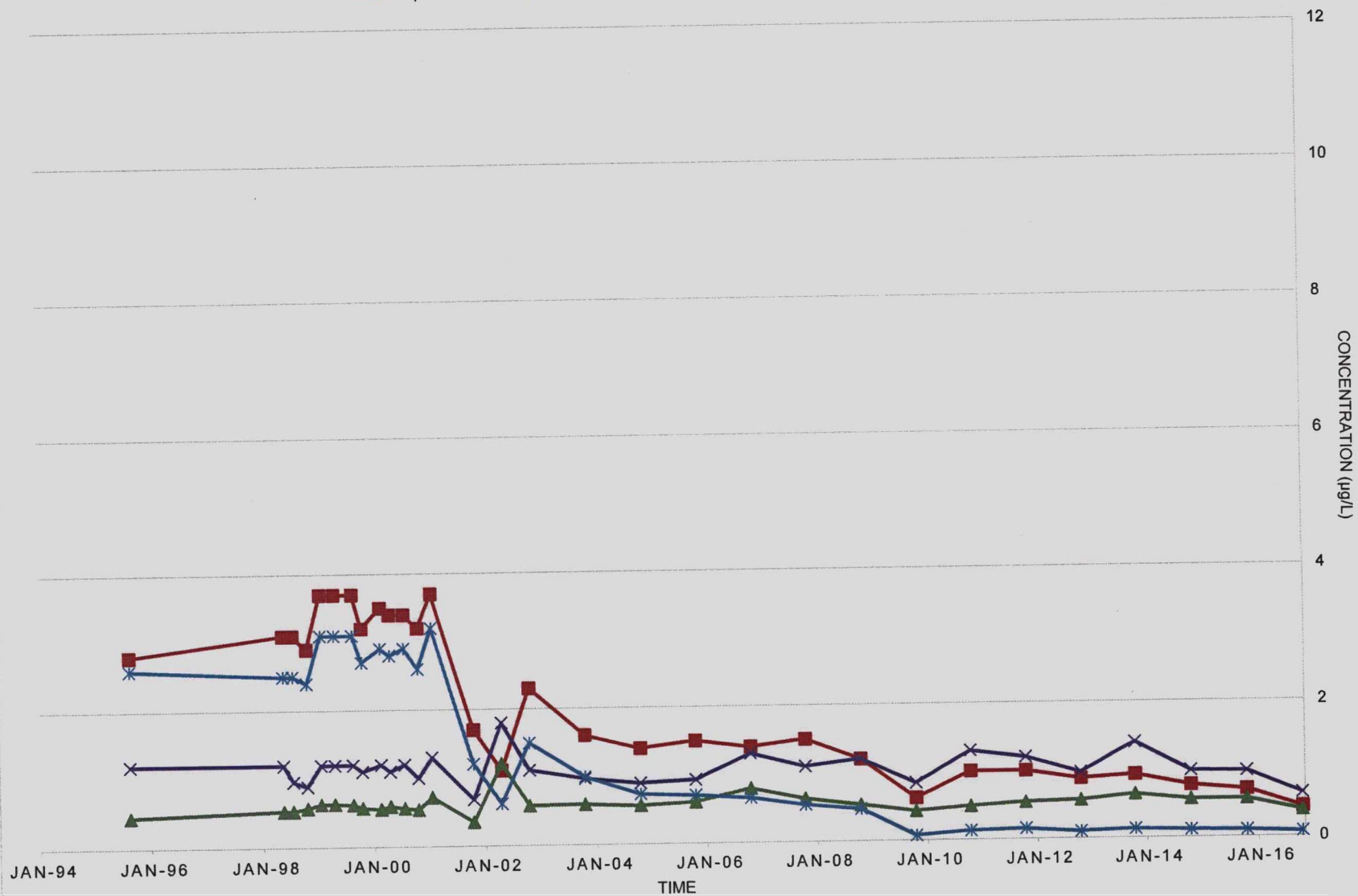
MW-22L

alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)

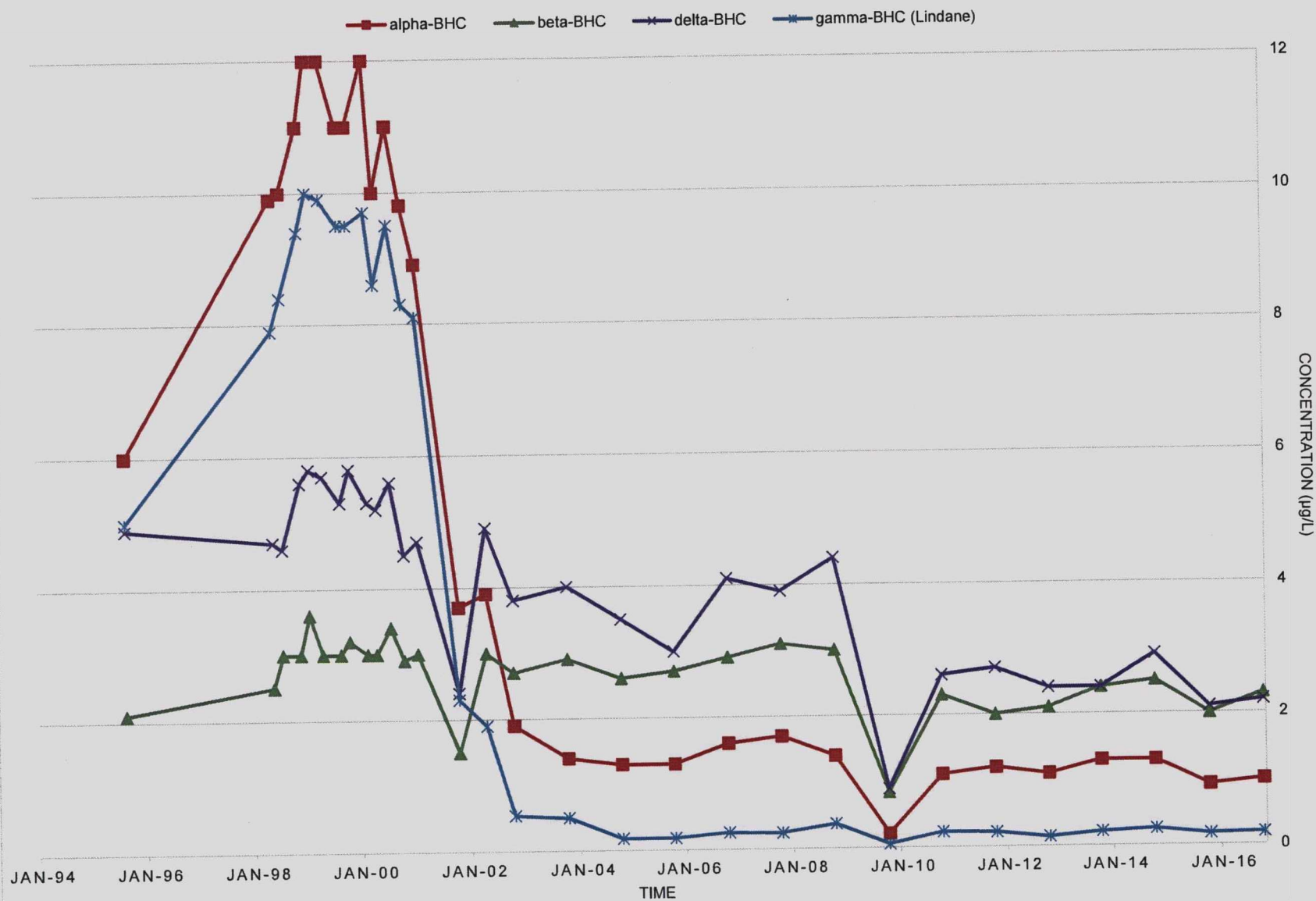


MW-25L

alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)



MW-27L



MW-31L

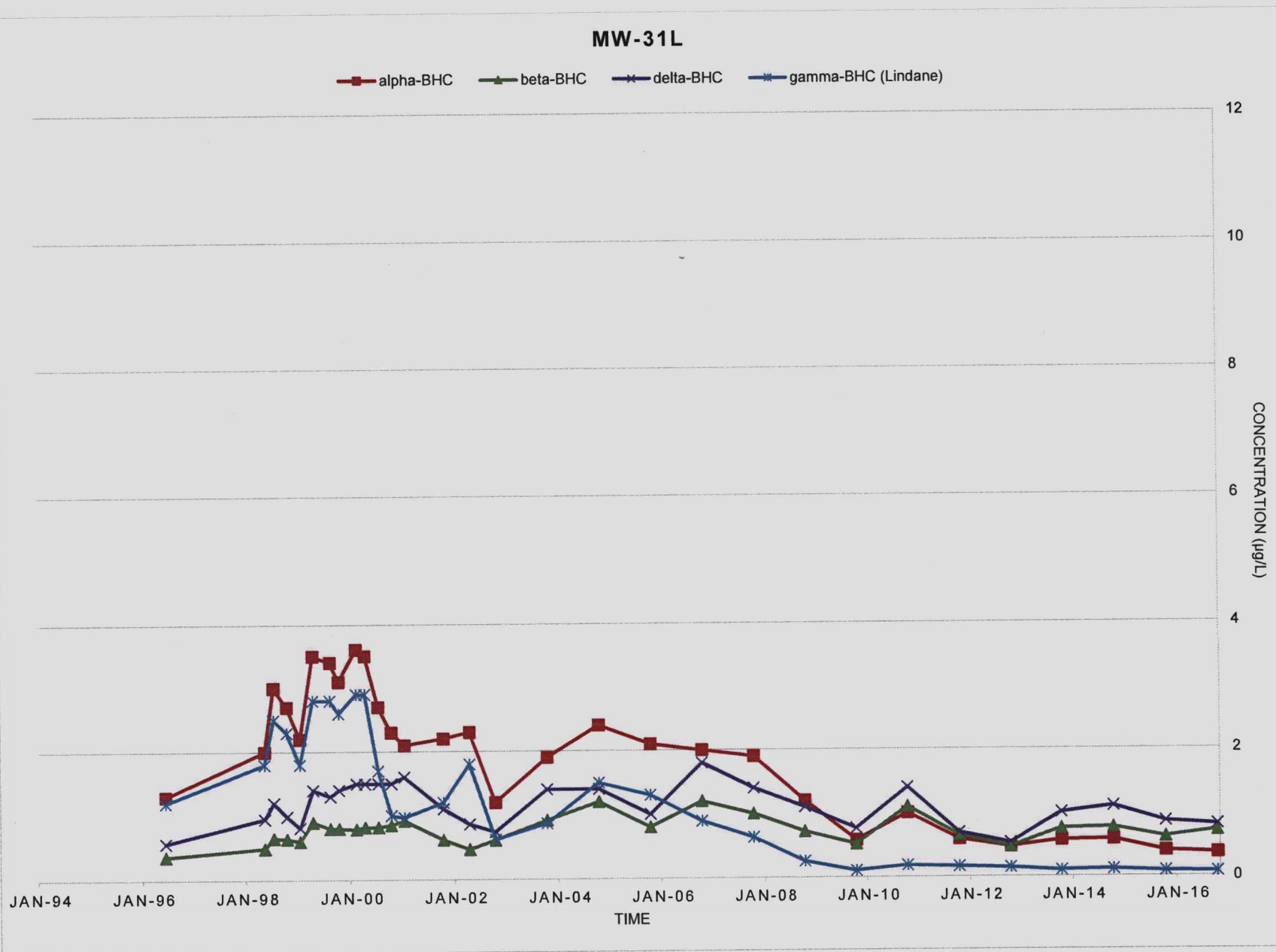
alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)

CONCENTRATION (µg/L)

12
10
8
6
4
2
0

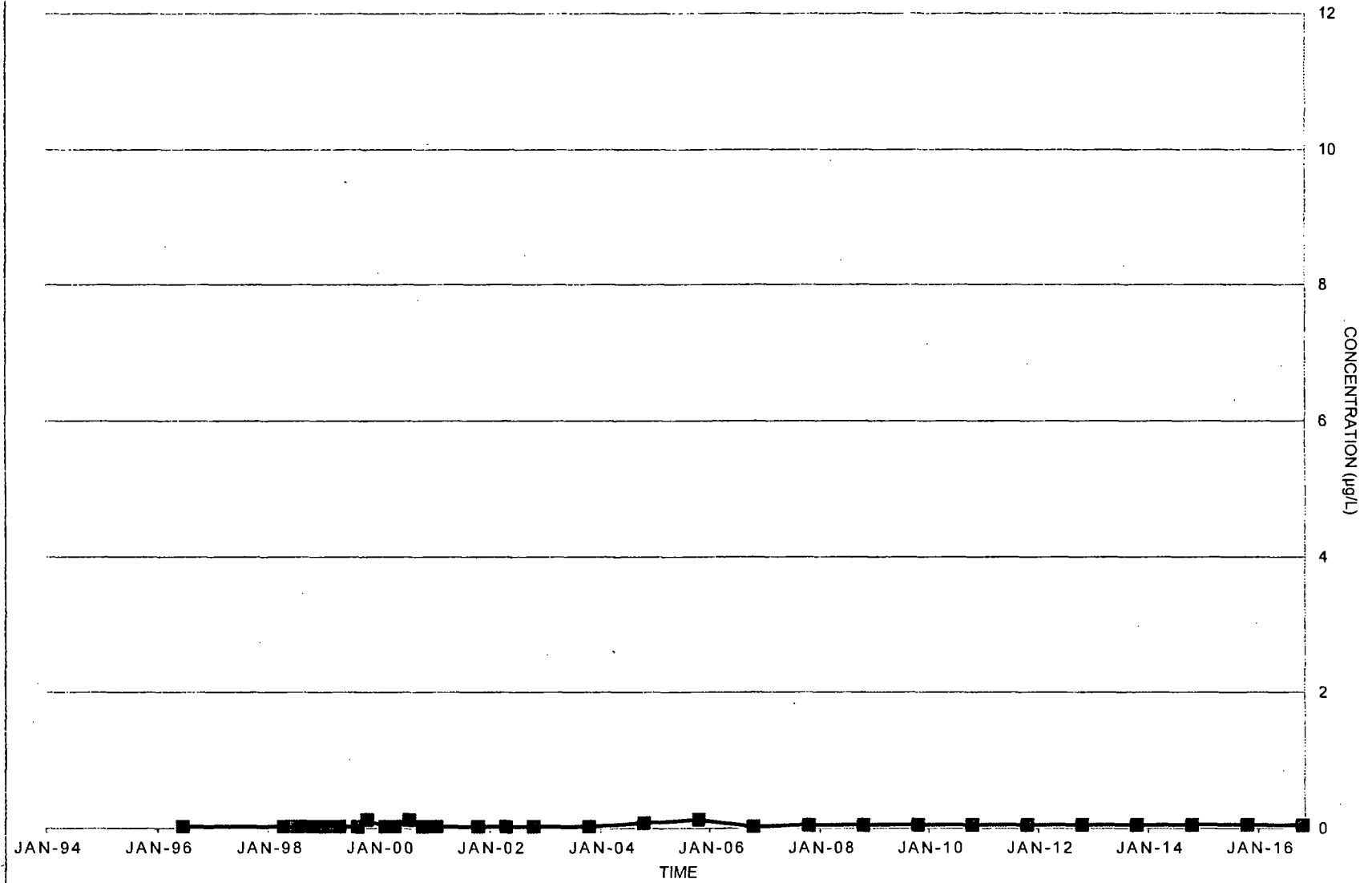
JAN-94 JAN-96 JAN-98 JAN-00 JAN-02 JAN-04 JAN-06 JAN-08 JAN-10 JAN-12 JAN-14 JAN-16

TIME



MW-32L

alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)



MW-36L

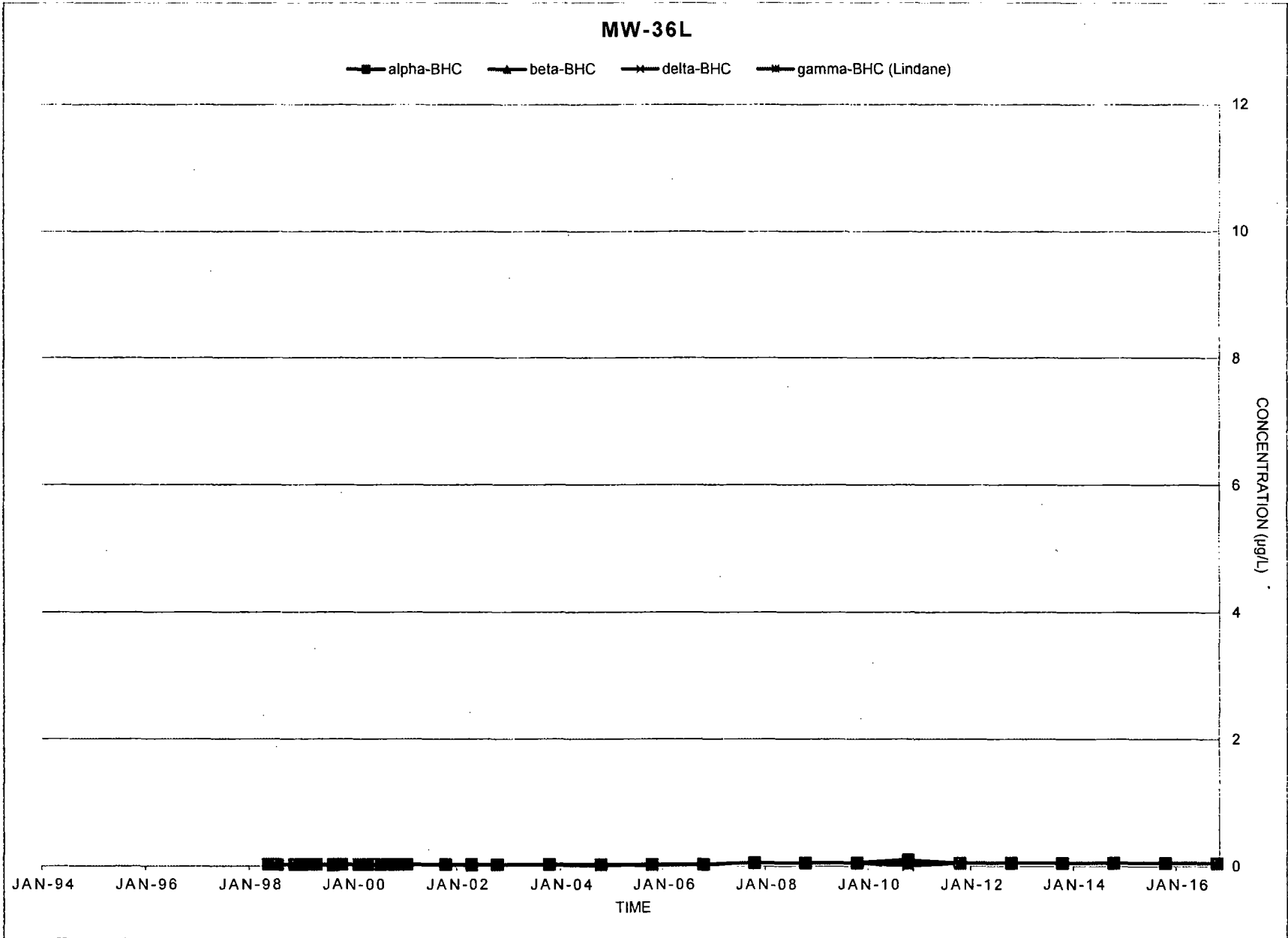
—■— alpha-BHC —▲— beta-BHC —×— delta-BHC —◆— gamma-BHC (Lindane)

CONCENTRATION (µg/L)

12
10
8
6
4
2
0

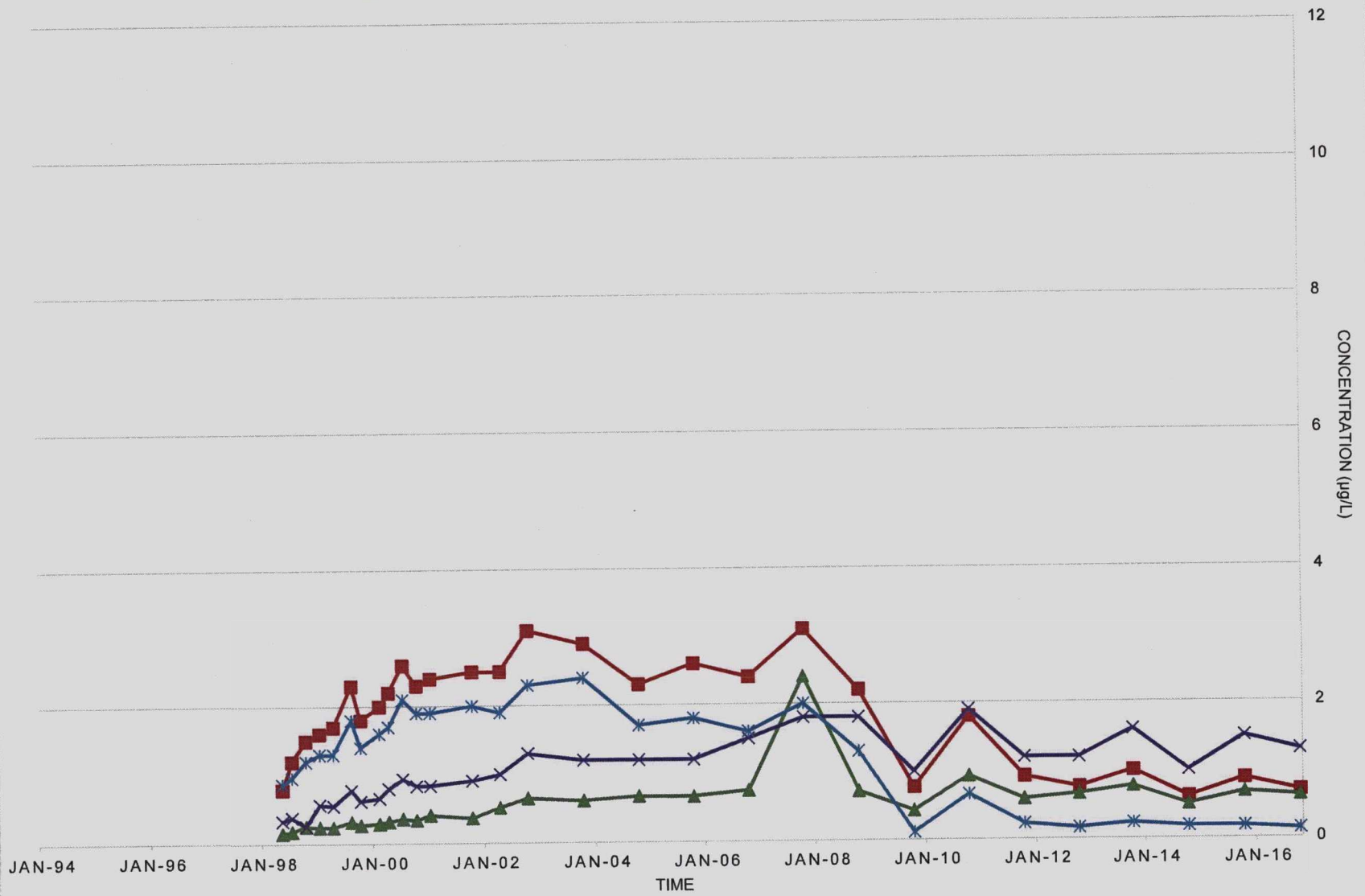
TIME

JAN-94 JAN-96 JAN-98 JAN-00 JAN-02 JAN-04 JAN-06 JAN-08 JAN-10 JAN-12 JAN-14 JAN-16



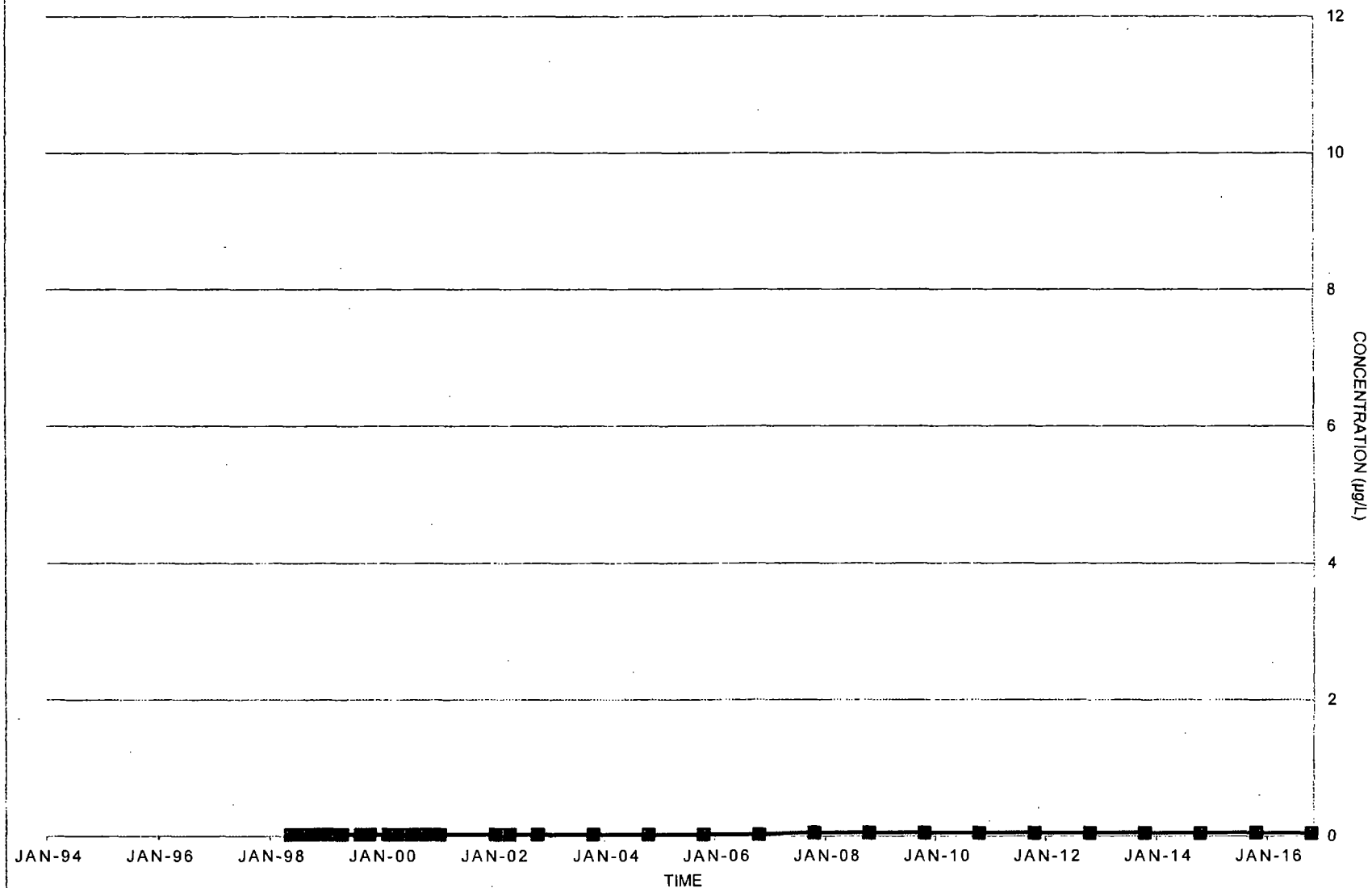
MW-37L

alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)



MW-38L

—■— alpha-BHC —▲— beta-BHC —×— delta-BHC —◆— gamma-BHC (Lindane)



MW-39L

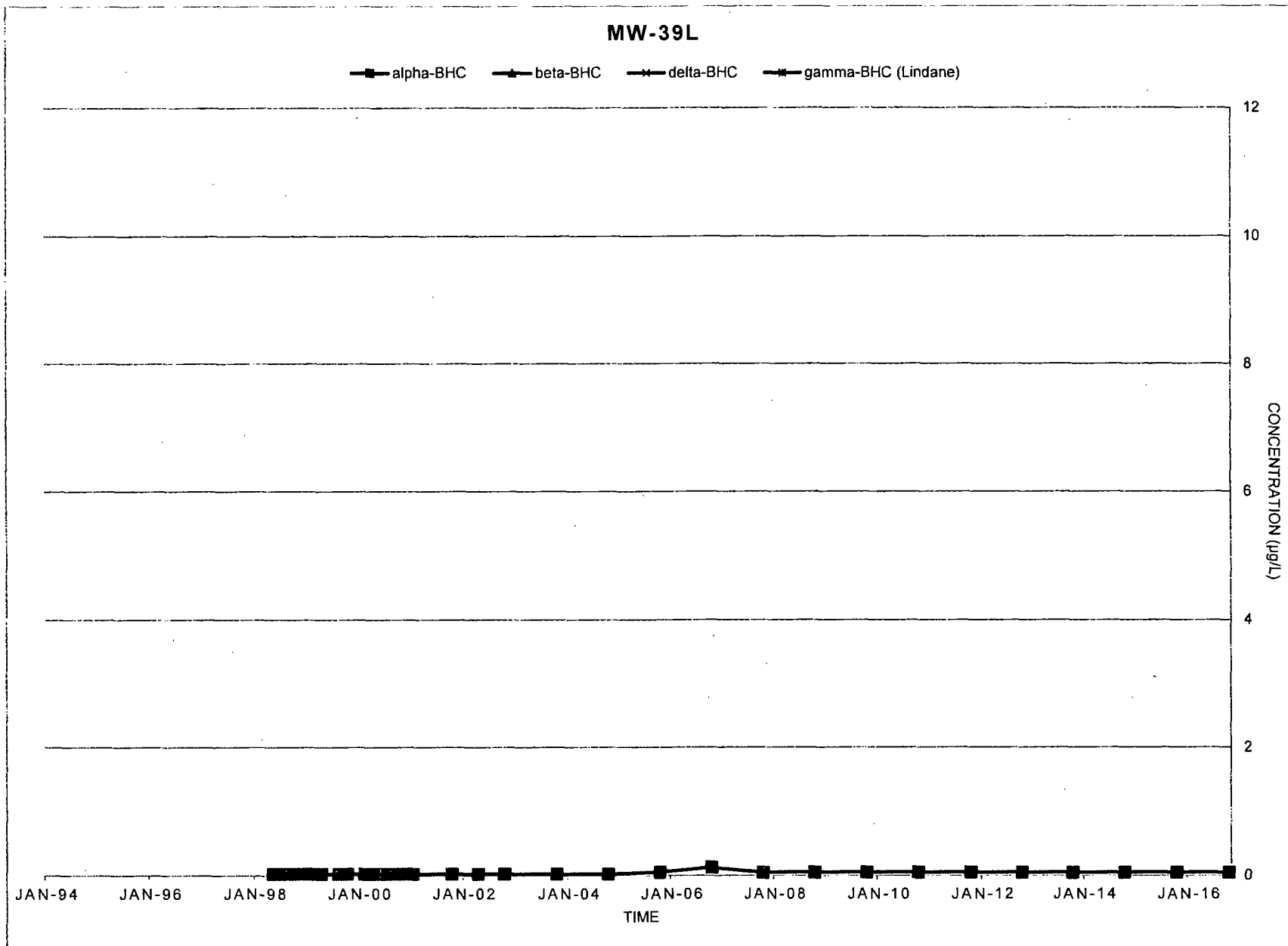
—■— alpha-BHC —▲— beta-BHC —x— delta-BHC —*— gamma-BHC (Lindane)

CONCENTRATION (µg/L)

12
10
8
6
4
2
0

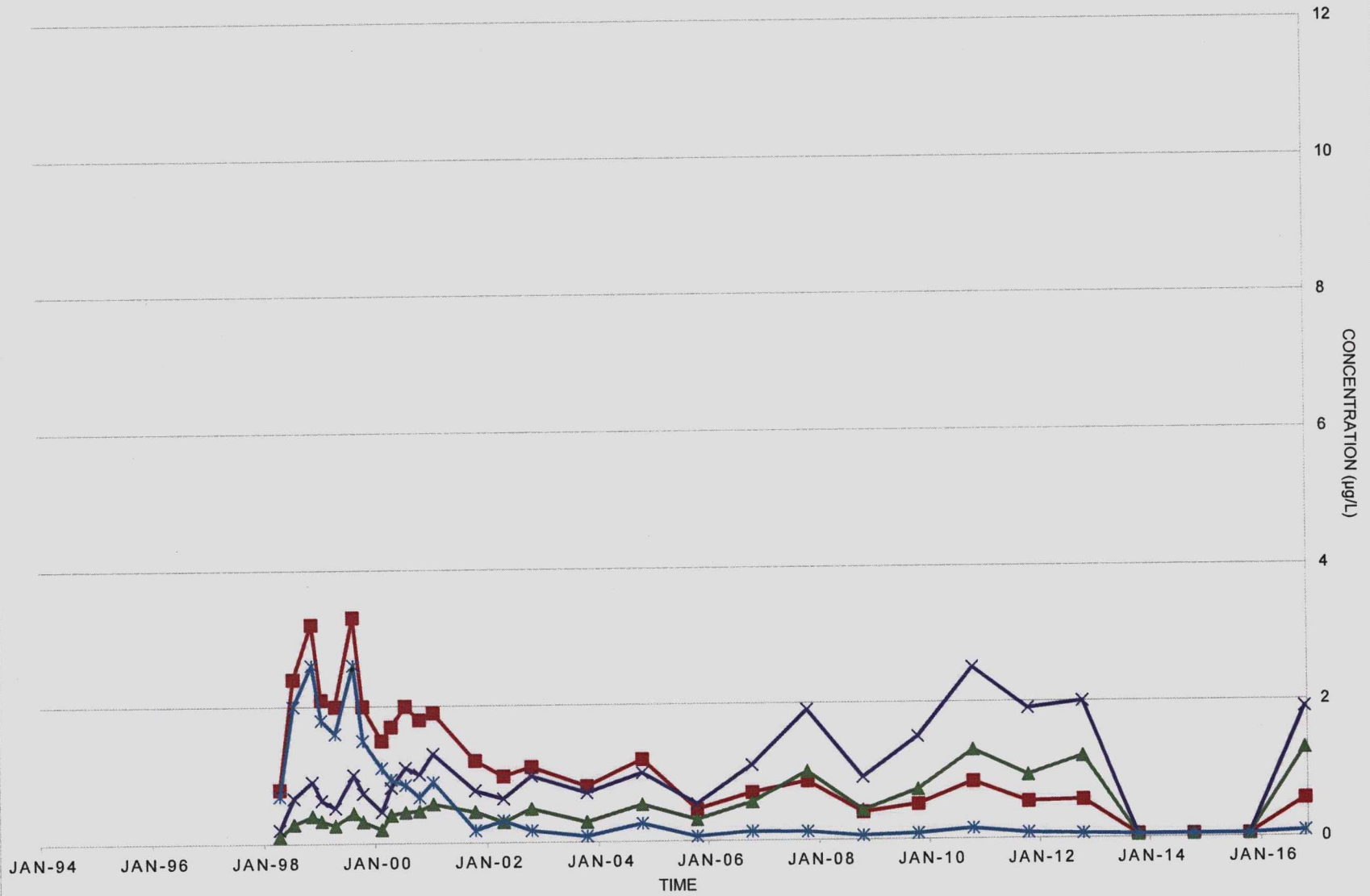
TIME

JAN-94 JAN-96 JAN-98 JAN-00 JAN-02 JAN-04 JAN-06 JAN-08 JAN-10 JAN-12 JAN-14 JAN-16

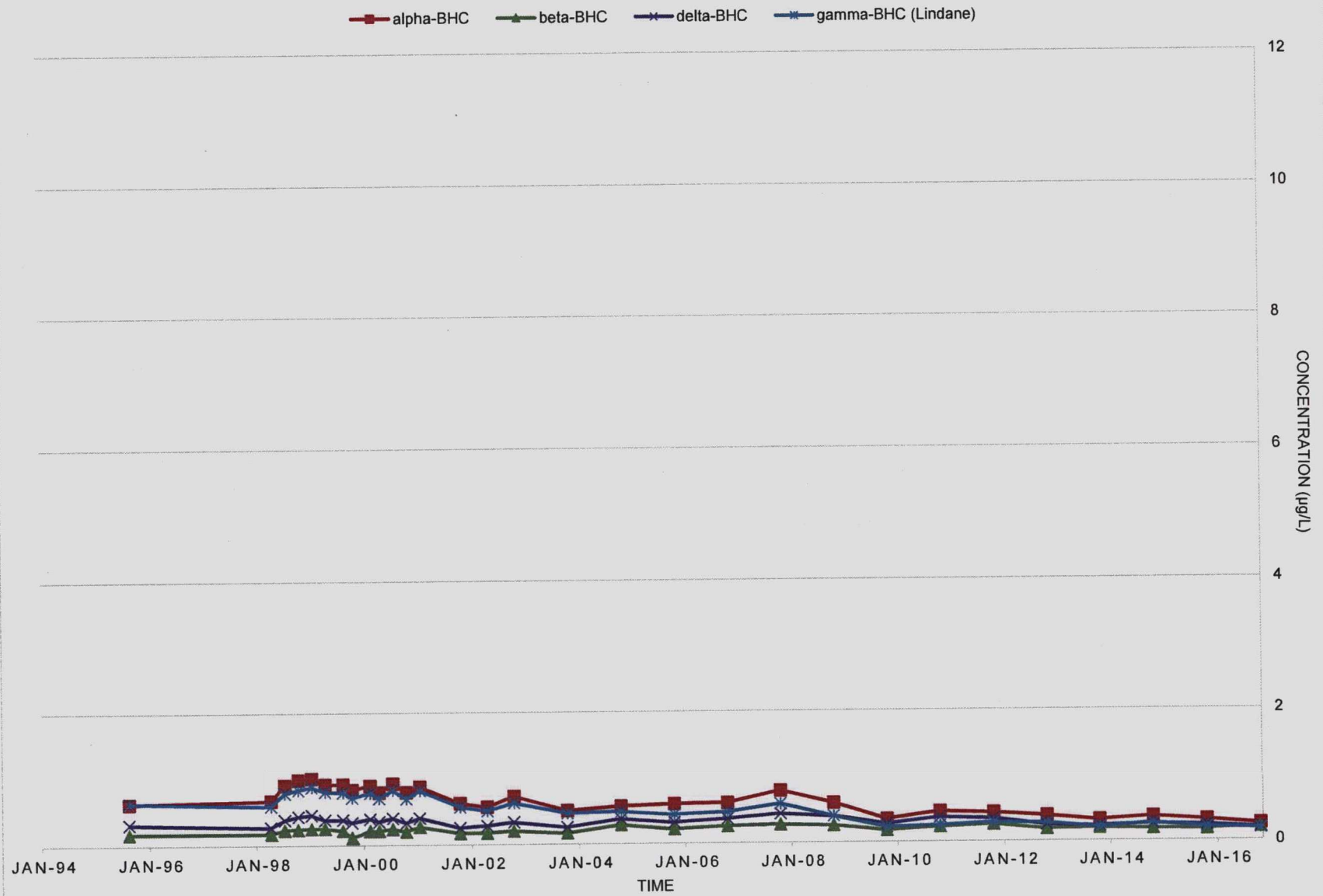


MW-40L

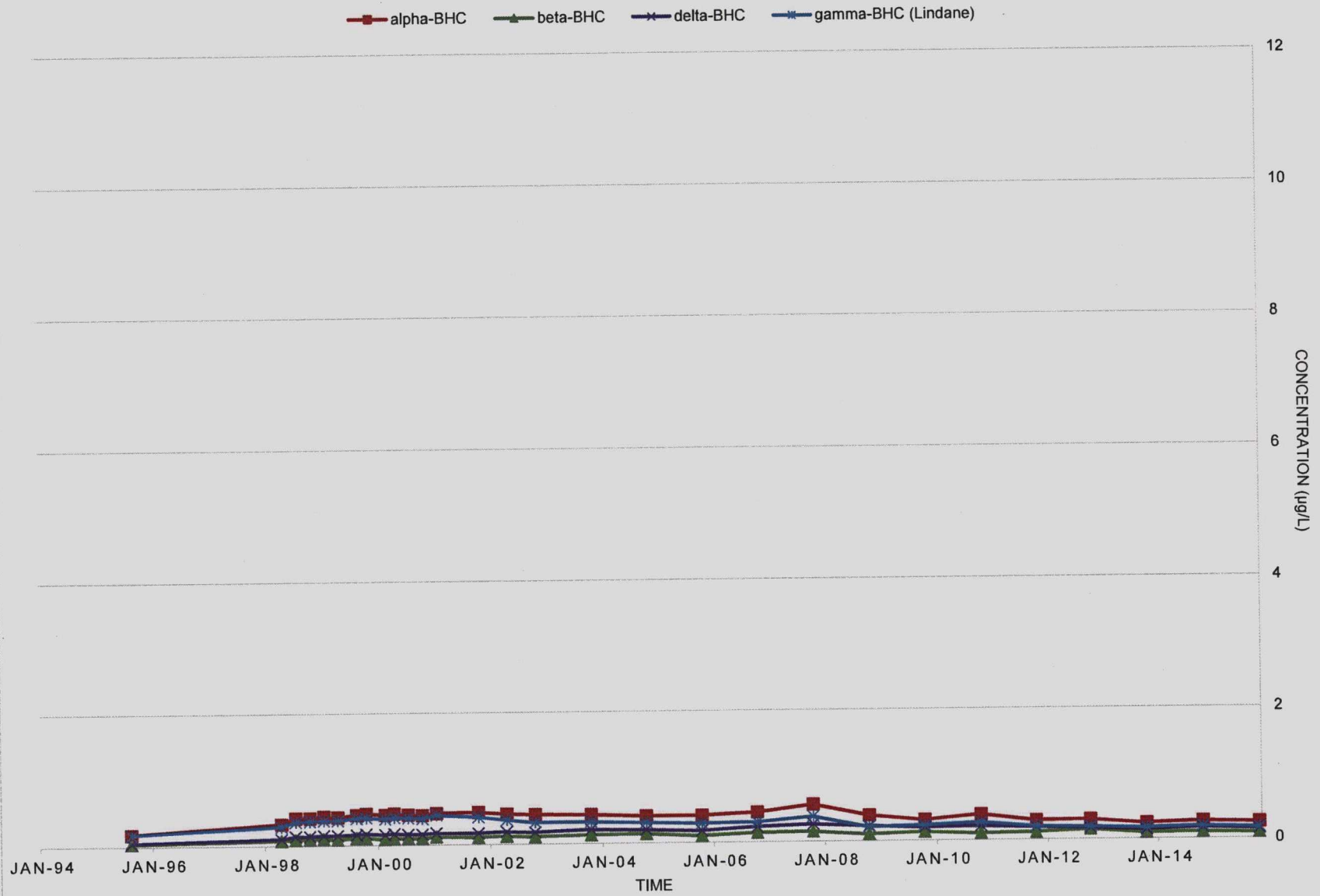
alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)



PZ-2

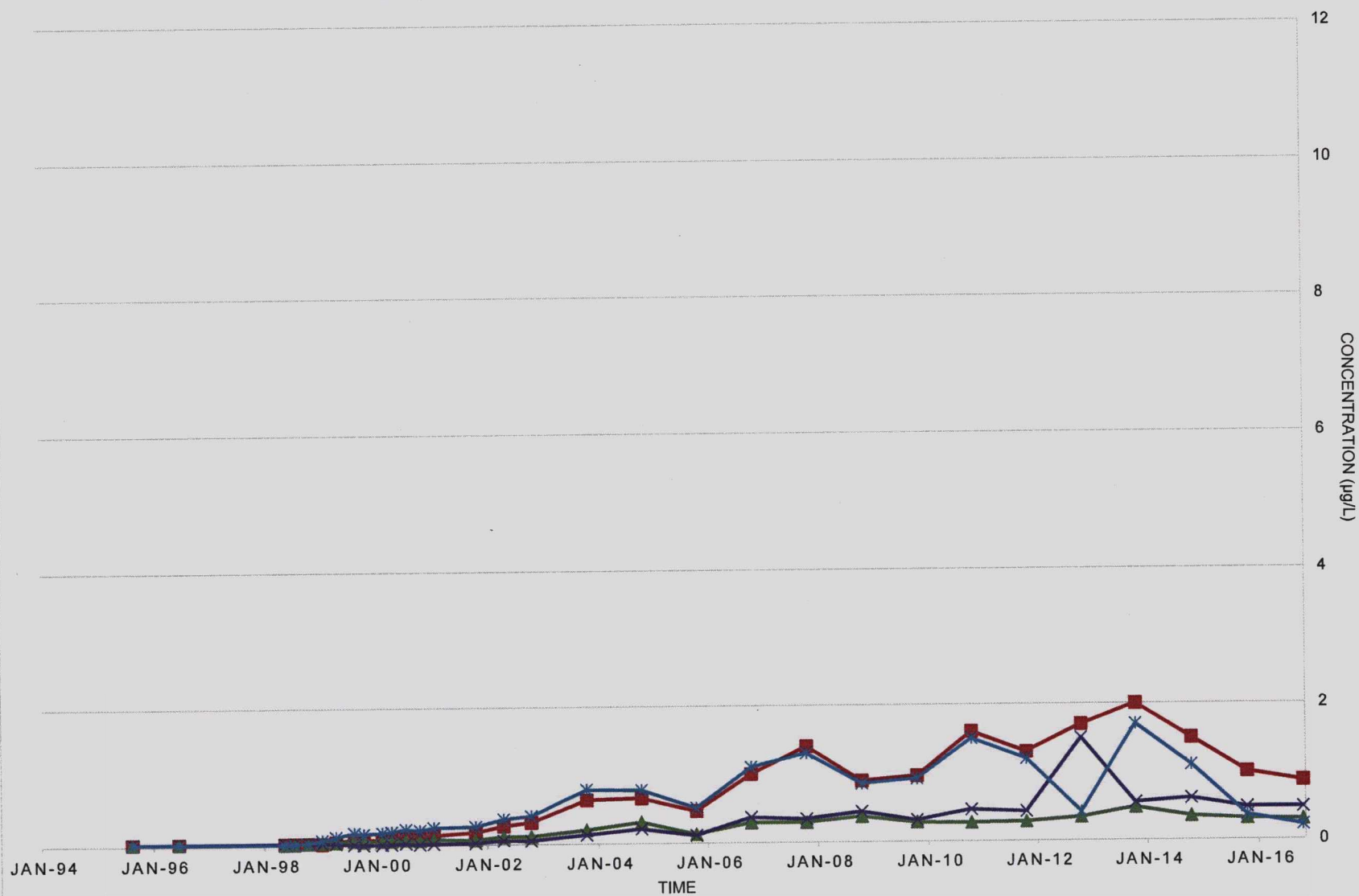


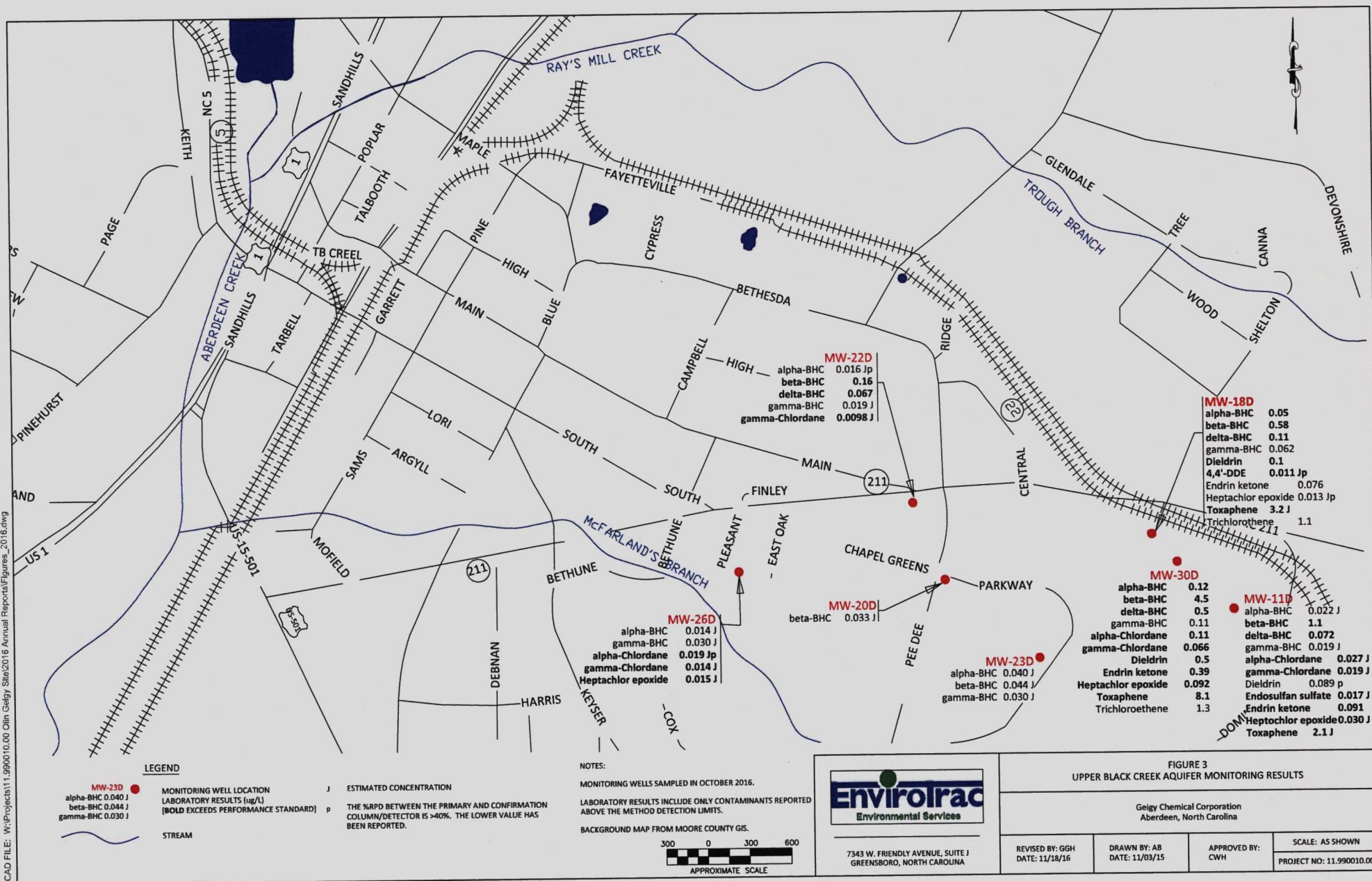
PZ-3



PZ-5

alpha-BHC beta-BHC delta-BHC gamma-BHC (Lindane)





MW-22D
 alpha-BHC 0.016 Jp
 beta-BHC 0.16
 delta-BHC 0.067
 gamma-BHC 0.019 J
 gamma-Chlordane 0.0098 J

MW-18D
 alpha-BHC 0.05
 beta-BHC 0.58
 delta-BHC 0.11
 gamma-BHC 0.062
 Dieldrin 0.1
 4,4'-DDE 0.011 Jp
 Endrin ketone 0.076
 Heptachlor epoxide 0.013 Jp
 Toxaphene 3.2 J
 Trichloroethene 1.1

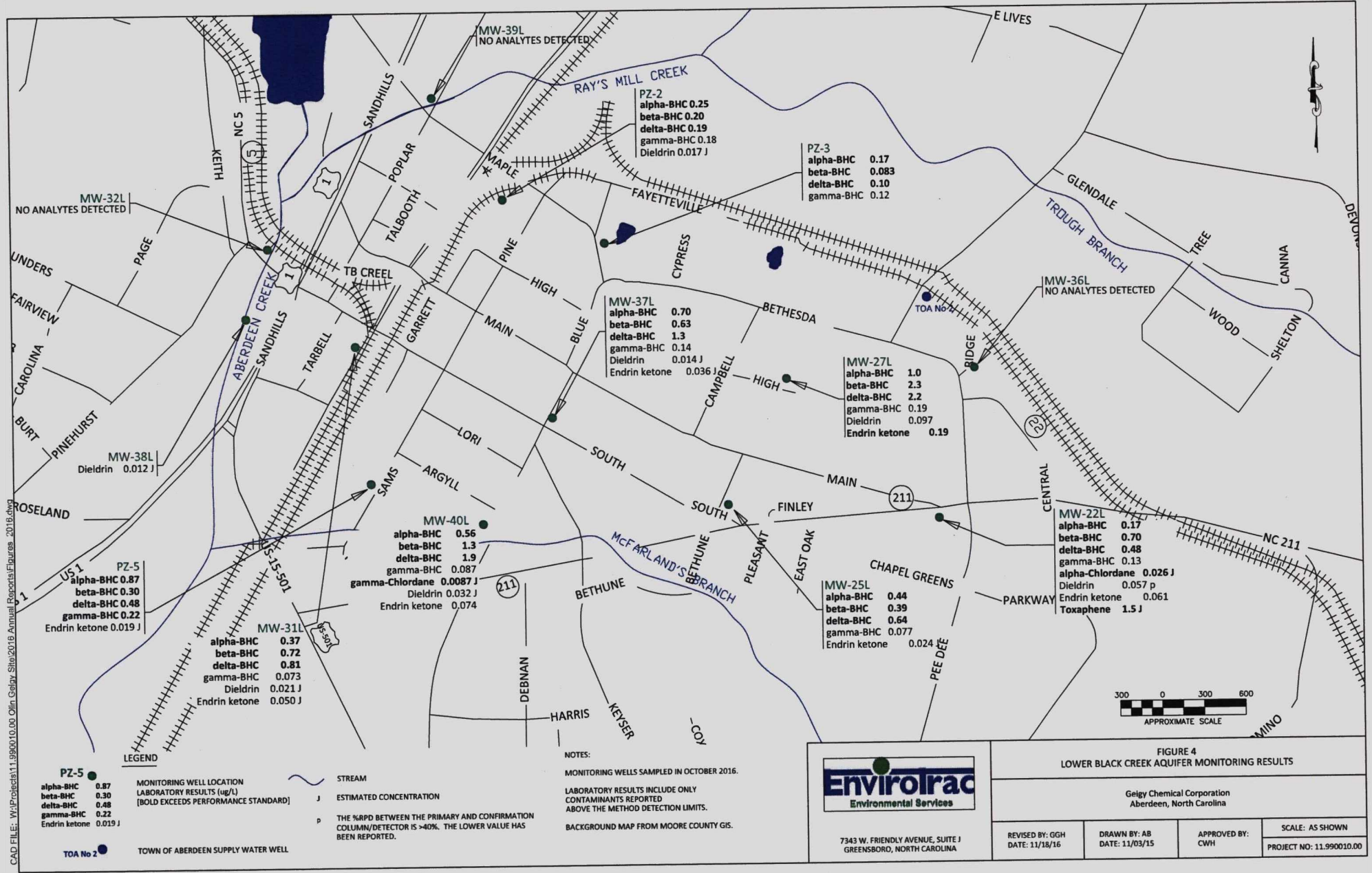
MW-30D
 alpha-BHC 0.12
 beta-BHC 4.5
 delta-BHC 0.5
 gamma-BHC 0.11
 alpha-Chlordane 0.11
 gamma-Chlordane 0.066
 Dieldrin 0.5
 Endrin ketone 0.39
 Heptachlor epoxide 0.092
 Toxaphene 8.1
 Trichloroethene 1.3

MW-11D
 alpha-BHC 0.022 J
 beta-BHC 1.1
 delta-BHC 0.072
 gamma-BHC 0.019 J
 alpha-Chlordane 0.027 J
 gamma-Chlordane 0.019 J
 Dieldrin 0.089 p
 Endosulfan sulfate 0.017 J
 Endrin ketone 0.091
 Heptachlor epoxide 0.030 J
 Toxaphene 2.1 J

MW-26D
 alpha-BHC 0.014 J
 gamma-BHC 0.030 J
 alpha-Chlordane 0.019 Jp
 gamma-Chlordane 0.014 J
 Heptachlor epoxide 0.015 J

MW-20D
 beta-BHC 0.033 J

MW-23D
 alpha-BHC 0.040 J
 beta-BHC 0.044 J
 gamma-BHC 0.030 J



ATTACHMENT 5

**GW-59 FORMS
AND
LABORATORY REPORTS AND CHAIN-OF-CUSTODY**

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

 Mail original
and 1 copy to:

 DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27689-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED
☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____
SAMPLING INFORMATION
WELL ID NUMBER (from Permit): InfluentDate sample collected: 1/27/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO
FIELD ANALYSES:

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION
Date sample analyzed: 2/1/16 TCE, 2/2/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE 0.93J, alpha-BHC 0.055, beta-BHC 2.8,

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

delta-BHC 0.44, gamma-BHC 0.037Jp,

TOC _____ mg/l

Ca - Calcium _____ mg/l

Dieldrin 0.32, Endrin ketone 0.28, Toxaphene

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

5.7 (all ug/L)

Arsenic _____ mg/l

Chromium: Total _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

(Specify test and method #. ATTACH LAB REPORT.)

Phenol _____ mg/l

Fe - Iron _____ mg/l

Report Attached? ☒ Yes (1) ☐ No (0)

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

VOC, method # 8260

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Pest & Biphenyls, method # 8081B/8082A

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

_____, method # _____

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: 0.00093J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): InfluentDate sample collected: 1/27/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NOand field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 2/1/16 TCE, 2/2/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE 0.93J, alpha-BHC 0.055, beta-BHC 2.8,

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

delta-BHC 0.44, gamma-BHC 0.037Jp,

TOC _____ mg/l

Ca - Calcium _____ mg/l

Dieldrin 0.32, Endrin ketone 0.28, Toxaphene

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

5.7 (all ug/L)

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

Phenol _____ mg/l

Fe - Iron _____ mg/l

(Specify test and method #. ATTACH LAB REPORT.)

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Report Attached? ☒ Yes (1) ☐ No (0)

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

VOC _____, method # 8260

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

Pest & Biphenyls _____, method # 8081B/8082A(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

_____, method # _____

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00093J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) County Moore (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): InfluentDate sample collected: 2/19/16**FIELD ANALYSES:**

Well Depth: _____ ft.

Well Diameter: _____ in.

pH _____ units Temp. _____ °C

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Spec. Cond. _____ μMhos

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Odor _____

Volume of water pumped/bailed before sampling: _____ gallons

Appearance _____

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NOIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 3/1/16 TCE, 2/26/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Coliform: MF Fecal _____ /100ml

Coliform: MF Total _____ /100ml

(Note: Use MPN method for highly turbid samples)

Nitrite (NO₂) as N _____ mg/l

Nitrate (NO₃) as N _____ mg/l

Phosphorus: Total as P _____ mg/l

Orthophosphate _____ mg/l

Pb - Lead _____ mg/l

Zn - Zinc _____ mg/l

Dissolved Solids: Total _____ mg/l

pH (when analyzed) _____ units

Al - Aluminum _____ mg/l

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ μMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

Other (Specify Compounds and Concentration Units):

TCE 0.77J, alpha-BHC 0.053, beta-BHC 2.6,

delta-BHC 0.37, gamma-BHC 0.037Jp,

Dieldrin 0.33, Endrin ketone 0.35, Heptachlor

epoxide 0.086, Toxaphene 6.3 (all ug/L)

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B/8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00077J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen (City) NC (State) County Moore (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
 (from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): Influent Date sample collected: 4/28/16
 Well Depth: _____ ft. Well Diameter: _____ in.
 Depth to Water Level: _____ ft. below measuring point Screened Interval: _____ ft. to _____ ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft.
 Volume of water pumped/bailed before sampling: _____ gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:
 pH _____ units Temp. _____ °C
 Spec. Cond. _____ μMhos
 Odor _____
 Appearance _____

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 5/9/16 TCE, 5/3/16 PEST Laboratory Name: Test America Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units): <u>alpha-BHC 0.042J, beta-BHC 2.3, delta-BHC 0.45, gamma-BHC 0.032Jp, Dieldrin 0.33B, Endrin ketone 0.23, Heptachlor epoxide 0.055pB, Toxaphene 7.3 (all ug/L)</u>
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	
TOC _____ mg/l	Ca - Calcium _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <u>VOC</u> _____, method # <u>8260</u> <u>Pest & Biphenyls</u> _____, method # <u>8081B/8082A</u> _____, method # _____ _____, method # _____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	
Arsenic _____ mg/l	Chromium: Total _____ mg/l	
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	
Phenol _____ mg/l	Fe - Iron _____ mg/l	
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	
Specific Conductance _____ μMhos	K - Potassium _____ mg/l	
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	

 For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: <0.001 mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
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 DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

 Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen (City) NC (State) Moore County (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
 (from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

 WELL ID NUMBER (from Permit): Influent Date sample collected: 5/17/16
 Well Depth: _____ ft. Well Diameter: _____ in.
 Depth to Water Level: _____ ft. below measuring point Screened Interval: _____ ft. to _____ ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft.
 Volume of water pumped/bailed before sampling: _____ gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

 FIELD ANALYSES:
 pH _____ units Temp. _____ °C
 Spec. Cond. _____ µMhos
 Odor _____
 Appearance _____

 If WELL
 WAS
 DRY at
 time of
 sampling,
 check
 here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 5/25/16 TCE, 5/24/16 PEST Laboratory Name: Test America Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCE 0.73J ug/L</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	_____
Phenol _____ mg/l	Fe - Iron _____ mg/l	_____
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	_____
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	_____
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____

ORGANICS: (by GC, GC/MS, HPLC)
(Specify test and method #. ATTACH LAB REPORT.)
 Report Attached? ☒ Yes (1) ☐ No (0)
VOC, method # 8260
Pest & Biphenyls, method # 8081B/8082A
 _____, method # _____
 _____, method # _____

 For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.00073J mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

 WELL ID NUMBER (from Permit): Influent

 Date sample collected: 6/24/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH _____ units Temp. _____ °C

Spec. Cond. _____ μMhos

Odor _____

Appearance _____

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 6/29/16 TCE, 7/8/16 PEST

 Laboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l
 Coliform: MF Fecal _____ /100ml
 Coliform: MF Total _____ /100ml
(Note: Use MPN method for highly turbid samples)
 Dissolved Solids: Total _____ mg/l
 pH (when analyzed) _____ units
 TOC _____ mg/l
 Chloride _____ mg/l
 Arsenic _____ mg/l
 Grease and Oils _____ mg/l
 Phenol _____ mg/l
 Sulfate _____ mg/l
 Specific Conductance _____ μMhos
 Total Ammonia _____ mg/l
(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)
 TKN as N _____ mg/l

Nitrite (NO₂) as N _____ mg/l
 Nitrate (NO₃) as N _____ mg/l
 Phosphorus: Total as P _____ mg/l
 Orthophosphate _____ mg/l
 Al - Aluminum _____ mg/l
 Ba - Barium _____ mg/l
 Ca - Calcium _____ mg/l
 Cd - Cadmium _____ mg/l
 Chromium: Total _____ mg/l
 Cu - Copper _____ mg/l
 Fe - Iron _____ mg/l
 Hg - Mercury _____ mg/l
 K - Potassium _____ mg/l
 Mg - Magnesium _____ mg/l
 Mn - Manganese _____ mg/l
 Ni - Nickel _____ mg/l

Pb - Lead _____ mg/l
 Zn - Zinc _____ mg/l

Other (Specify Compounds and Concentration Units):

Aldrin 0.0479, alpha-BHC 0.0385, beta-BHC
1.94, delta-BHC 0.301, gamma-BHC 0.0498,
4,4'-DDE 0.0885, Dieldrin 0.284, Endosulfan II
0.178, Endrin ketone 0.186 (all ug/L)

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

 Report Attached? ☒ Yes (1) ☐ No (0)

 VOC _____, method # 8260

 Pest & Biphenyls _____, method # 8081B/8082A

_____, method # _____
 _____, method # _____

For Remediation Systems Only (Attach Lab Reports):

 Influent Total VOCs: <0.001 mg/L

 Effluent Total VOCs: <0.001 mg/L

 VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Dominio Drive
Aberdeen (City) NC (State) County Moore (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
 (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): InfluentDate sample collected: 7/12/16**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**LABORATORY INFORMATION**Date sample analyzed: 7/15/16 TCE, 7/20/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE 0.66J, beta-BHC 2.1, delta-BHC 0.37,
4,4'-DDE 0.069J, Dieldrin 0.24p, Endrin ketone
0.16 (all ug/L)

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B/8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00066J mg/LEffluent Total VOCs: <0.00020 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive
Aberdeen (City) NC (State) County Moore (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
 (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): InfluentDate sample collected: 10/4/16**FIELD ANALYSES:**

Well Depth: _____ ft.

Well Diameter: _____ in.

pH _____ units Temp. _____ °C

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Spec. Cond. _____ µMhos

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Odor _____

Volume of water pumped/bailed before sampling: _____ gallons

Appearance _____

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NOIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/13/16 TCE, 10/12/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Coliform: MF Fecal _____ /100ml

Coliform: MF Total _____ /100ml
 (Note: Use MPN method for highly turbid samples)

Dissolved Solids: Total _____ mg/l

pH (when analyzed) _____ units

TOC _____ mg/l

Chloride _____ mg/l

Arsenic _____ mg/l

Grease and Oils _____ mg/l

Phenol _____ mg/l

Sulfate _____ mg/l

Specific Conductance _____ µMhos

Total Ammonia _____ mg/l
 (Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

TKN as N _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Nitrate (NO₃) as N _____ mg/l

Phosphorus: Total as P _____ mg/l

Orthophosphate _____ mg/l

Al - Aluminum _____ mg/l

Ba - Barium _____ mg/l

Ca - Calcium _____ mg/l

Cd - Cadmium _____ mg/l

Chromium: Total _____ mg/l

Cu - Copper _____ mg/l

Fe - Iron _____ mg/l

Hg - Mercury _____ mg/l

K - Potassium _____ mg/l

Mg - Magnesium _____ mg/l

Mn - Manganese _____ mg/l

Ni - Nickel _____ mg/l

Pb - Lead _____ mg/l

Zn - Zinc _____ mg/l

Other (Specify Compounds and Concentration Units):

TCE 0.53J, Aldrin 0.018Jp, alpha-BHC 0.072,
 beta-BHC 3.2, delta-BHC 0.46, gamma-BHC
 0.083, alpha-Chlordane 0.094, Dieldrin 0.36,
 Endrin ketone 0.22, Heptachlor epoxide
 0.054p, Toxaphene 6.7 (all ug/L)

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B/8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.00053J mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**
**Mail original
and 1 copy to:**

 DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
 DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ **Expiration Date:** 05/31/18

 Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION
WELL ID NUMBER (from Permit): Effluent
Date sample collected: 1/27/16
FIELD ANALYSES:

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

 If WELL
 WAS
 DRY at
 time of
 sampling,
 check
 here: ☐

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

 Samples for **metals** were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

LABORATORY INFORMATION

 Date sample analyzed: 2/1/16 TCE, 2/2/16 PEST

 Laboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l
 Coliform: MF Fecal _____ /100ml
 Coliform: MF Total _____ /100ml
(Note: Use MPN method for highly turbid samples)

Nitrite (NO₂) as N _____ mg/l
 Nitrate (NO₃) as N _____ mg/l
 Phosphorus: Total as P _____ mg/l

Pb - Lead _____ mg/l
 Zn - Zinc _____ mg/l

Dissolved Solids: Total _____ mg/l
 pH (when analyzed) _____ units
 TOC _____ mg/l
 Chloride _____ mg/l
 Arsenic _____ mg/l
 Grease and Oils _____ mg/l
 Phenol _____ mg/l
 Sulfate _____ mg/l
 Specific Conductance _____ µMhos
 Total Ammonia _____ mg/l
(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Orthophosphate _____ mg/l
 Al - Aluminum _____ mg/l
 Ba - Barium _____ mg/l
 Ca - Calcium _____ mg/l
 Cd - Cadmium _____ mg/l
 Chromium: Total _____ mg/l
 Cu - Copper _____ mg/l
 Fe - Iron _____ mg/l
 Hg - Mercury _____ mg/l
 K - Potassium _____ mg/l
 Mg - Magnesium _____ mg/l
 Mn - Manganese _____ mg/l
 Ni - Nickel _____ mg/l

Other (Specify Compounds and Concentration Units):
beta-BHC 0.059 ug/L

ORGANICS: (by GC, GC/MS, HPLC)
(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)

 VOC _____, method # 8260

 Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.00093J mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

County Moore

(City)

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): EffluentDate sample collected: 2/19/16**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES☐ NOand field acidified: ☐ YES ☐ NOIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 3/1/16 TCE, 2/26/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE, PEST - all BQL

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00077J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen (City) NC (State) County Moore (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
 (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): Effluent Date sample collected: 4/28/16
 Well Depth: _____ ft. Well Diameter: _____ in.
 Depth to Water Level: _____ ft. below measuring point Screened Interval: _____ ft. to _____ ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft.
 Volume of water pumped/bailed before sampling: _____ gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:
 pH _____ units Temp. _____ °C
 Spec. Cond. _____ µMhos
 Odor _____
 Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 5/9/16 TCE, 5/3/16 PEST Laboratory Name: Test America Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>beta-BHC 0.057, Dieldrin 0.032JB, Endrin ketone</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	<u>0.024J (all ug/L)</u>
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	_____
Phenol _____ mg/l	Fe - Iron _____ mg/l	_____
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	_____
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	_____
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____

ORGANICS: (by GC, GC/MS, HPLC)
 (Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: <0.001 mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date 2/13/17

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): EffluentDate sample collected: 5/17/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 5/25/16 TCE, 5/24/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

beta-BHC 0.12, delta-BHC 0.017J, gamma-Chlordane 0.0059 Jp, Dieldrin 0.076, Endrin ketone 0.043J, Toxaphene 1.1J (all ug/L)

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00073J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)

Date 2/23/17

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
and 1 copy to:**DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) County Moore (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): EffluentDate sample collected: 6/24/16**FIELD ANALYSES:**

Well Depth: _____ ft.

Well Diameter: _____ in.

pH _____ units Temp. _____ °C

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Spec. Cond. _____ µMhos

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Odor _____

Volume of water pumped/bailed before sampling: _____ gallons

Appearance _____

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NOIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 6/29/16 TCE, 7/11/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

beta-BHC 0.0849, Dieldrin 0.0303p, Endrin

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

ketone 0.0226

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: <0.001 mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowingly violating.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): EffluentDate sample collected: 7/12/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ μMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 7/15/16 TCE, 7/20/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE, PEST - all BQL

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ μMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00066J mg/LEffluent Total VOCs: <0.00020 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date 7/13/17

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
and 1 copy to:**DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): EffluentDate sample collected: 10/4/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ μMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/13/16 TCE, 10/12/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

beta-BHC 0.20, delta-BHC 0.017Jp, alpha-

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

Chlordane 0.014J, gamma-Chlordane 0.013J,

TOC _____ mg/l

Ca - Calcium _____ mg/l

Dieldrin 0.074, Endrin ketone 0.051,

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Toxaphene 1.1J (all ug/L)

Arsenic _____ mg/l

Chromium: Total _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

(Specify test and method #. ATTACH LAB REPORT.)

Phenol _____ mg/l

Fe - Iron _____ mg/l

Report Attached? ☒ Yes (1) ☐ No (0)

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

VOC _____, method # 8260

Specific Conductance _____ μMhos

K - Potassium _____ mg/l

Pest & Biphenyls _____, method # 8081B | 8082A

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

_____, method # _____

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00053J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Dominio Drive
Aberdeen NC County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): Carbon A-1 Date sample collected: 1/27/16
 Well Depth: _____ ft. Well Diameter: _____ in.
 Depth to Water Level: _____ ft. below measuring point Screened Interval: _____ ft. to _____ ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft.
 Volume of water pumped/bailed before sampling: _____ gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:
 pH _____ units Temp. _____ °C
 Spec. Cond. _____ µMhos
 Odor _____
 Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 2/1/16 TCE, 2/2/16 PEST Laboratory Name: Test America Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCE, PEST - all BQL</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	VOC _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B 8082A</u>
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.00093J mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): Carbon A-2Date sample collected: 2/19/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES☐ NOand field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 3/1/16 TCE, 2/26/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE, PEST - all BQL

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00077J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date 2/13/17

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): Carbon A-1Date sample collected: 4/28/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 5/9/16 TCE, 5/3/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE, PEST - all BQL

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: <0.001 mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

County Moore

(City)

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): Carbon A-2Date sample collected: 5/17/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NOand field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 5/25/16 TCE, 5/24/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

beta-BHC 0.025J, Dieldrin 0.0083J, Endrin

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

ketone 0.0075J (all ug/L)

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: 0.00073J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

2/13/17

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**
**Mail original
and 1 copy to:**

 DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
 DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

 Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

 WELL ID NUMBER (from Permit): Carbon A-2

 Date sample collected: 6/24/16
FIELD ANALYSES:

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

 If WELL
 WAS
 DRY at
 time of
 sampling,
 check
 here: ☐

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

LABORATORY INFORMATION

 Date sample analyzed: 6/29/16 TCE, 7/7/16 PEST

 Laboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

 COD _____ mg/l
 Coliform: MF Fecal _____ /100ml
 Coliform: MF Total _____ /100ml
(Note: Use MPN method for highly turbid samples)

 Nitrite (NO₂) as N _____ mg/l
 Nitrate (NO₃) as N _____ mg/l
 Phosphorus: Total as P _____ mg/l

 Pb - Lead _____ mg/l
 Zn - Zinc _____ mg/l

 Dissolved Solids: Total _____ mg/l
 pH (when analyzed) _____ units

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

TCE, PEST - all BQL

TOC _____ mg/l

Al - Aluminum _____ mg/l

Chloride _____ mg/l

Ba - Barium _____ mg/l

Arsenic _____ mg/l

Ca - Calcium _____ mg/l

Grease and Oils _____ mg/l

Cd - Cadmium _____ mg/l

Phenol _____ mg/l

Chromium: Total _____ mg/l

Sulfate _____ mg/l

Cu - Copper _____ mg/l

Specific Conductance _____ µMhos

Fe - Iron _____ mg/l

 Total Ammonia _____ mg/l
(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Hg - Mercury _____ mg/l

TKN as N _____ mg/l

K - Potassium _____ mg/l

Mg - Magnesium _____ mg/l

Mn - Manganese _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

 Report Attached? ☒ Yes (1) ☐ No (0)

 VOC _____, method # 8260

 Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

 Influent Total VOCs: <0.001 mg/L

 Effluent Total VOCs: <0.001 mg/L

 VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
and 1 copy to:**DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive
Aberdeen (City) NC (State) Moore County (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon A-1Date sample collected: 7/12/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 7/15/16 TCE, 7/19/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Coliform: MF Fecal _____ /100ml

Coliform: MF Total _____ /100ml

(Note: Use MPN method for highly turbid samples)

Nitrite (NO₂) as N _____ mg/l

Nitrate (NO₃) as N _____ mg/l

Phosphorus: Total as P _____ mg/l

Pb - Lead _____ mg/l

Zn - Zinc _____ mg/l

Dissolved Solids: Total _____ mg/l

pH (when analyzed) _____ units

TOC _____ mg/l

Chloride _____ mg/l

Arsenic _____ mg/l

Grease and Oils _____ mg/l

Phenol _____ mg/l

Sulfate _____ mg/l

Specific Conductance _____ µMhos

Total Ammonia _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Orthophosphate _____ mg/l

Al - Aluminum _____ mg/l

Ba - Barium _____ mg/l

Ca - Calcium _____ mg/l

Cd - Cadmium _____ mg/l

Chromium: Total _____ mg/l

Cu - Copper _____ mg/l

Fe - Iron _____ mg/l

Hg - Mercury _____ mg/l

K - Potassium _____ mg/l

Mg - Magnesium _____ mg/l

Mn - Manganese _____ mg/l

Ni - Nickel _____ mg/l

Other (Specify Compounds and Concentration Units):
TCE, PEST - all BQL

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00066J mg/LEffluent Total VOCs: <0.00020 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the Laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)8/13/17
(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen NC
(City) (State) (Zip)County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon A-1Date sample collected: 10/4/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/13/16 TCE, 10/12/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

beta-BHC 0.076, Dieldrin 0.018J, Endrin

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

ketone 0.010Jp (all ug/L)

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00053J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon B-2Date sample collected: 1/27/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 2/1/16 TCE, 2/2/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE, PEST - all BQL

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: 0.00093J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon B-3Date sample collected: 2/19/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 3/1/16 TCE, 2/26/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

beta-BHC 0.085, delta-BHC 0.015J (all in ug/L)

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00077J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen NC County Moore

(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon B-2Date sample collected: 4/28/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ μMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 5/9/16 TCE, 5/3/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	Other (Specify Compounds and Concentration Units):
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	<u>beta-BHC 0.085, delta-BHC 0.011J, Dieldrin</u>
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	<u>0.062B, Endrin ketone 0.043J, Heptachlor</u>
TOC _____ mg/l	Ca - Calcium _____ mg/l	<u>epoxide 0.0055JpB, Toxaphene 0.92J (all ug/L)</u>
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	
Arsenic _____ mg/l	Chromium: Total _____ mg/l	
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ μMhos	K - Potassium _____ mg/l	VOC _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B 8082A</u>
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: <0.001 mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): Carbon B-3Date sample collected: 5/17/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ μMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 5/25/16 TCE, 5/24/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

alpha-BHC 0.062, beta-BHC 2.9, delta-BHC

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

0.56, gamma-BHC 0.043Jp, Dieldrin 0.48,

TOC _____ mg/l

Ca - Calcium _____ mg/l

Endrin ketone 0.29, Toxaphene 9.9 (all ug/L)

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ μMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: 0.00073J mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon B-3Date sample collected: 6/24/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 6/29/16 TCE, 7/7/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE, PEST - all BQL

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: <0.001 mg/LEffluent Total VOCs: <0.001 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

County Moore

(Zip)

Contact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): Carbon B-2Date sample collected: 7/12/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ μMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 7/15/16 TCE, 7/20/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE 0.42J, beta-BHC 1.1, delta-BHC 0.18,

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

Dieldrin 0.12p, Endrin ketone 0.083J (all ug/L)

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ μMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B | 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):Influent Total VOCs: 0.00066J mg/LEffluent Total VOCs: <0.00020 mg/LVOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen NC County Moore

(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): Carbon B-2Date sample collected: 10/4/16

Well Depth: _____ ft.

Well Diameter: _____ in.

Depth to Water Level: _____ ft. below measuring point

Screened Interval: _____ ft. to _____ ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: _____ ft.

Volume of water pumped/bailed before sampling: _____ gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**

pH _____ units Temp. _____ °C

Spec. Cond. _____ µMhos

Odor _____

Appearance _____

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/13/16 TCE, 10/12/16 PESTLaboratory Name: Test America

Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	Other (Specify Compounds and Concentration Units):
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	<u>Aldrin 0.0084Jp, alpha-BHC 0.046J, alpha-</u>
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	<u>Chlordane 0.049, beta-BHC 1.8, delta-BHC</u>
TOC _____ mg/l	Ca - Calcium _____ mg/l	<u>0.30, Dieldrin 0.23, Endrin ketone 0.16,</u>
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	<u>gamma-BHC 0.048, Heptachlor epoxide</u>
Arsenic _____ mg/l	Chromium: Total _____ mg/l	<u>0.033J, Toxaphene 3.9J (all ug/L)</u>
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	VOC _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B 8082A</u>
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: 0.00053J mg/L Effluent Total VOCs: <0.001 mg/L VOC Removal% 100

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date

2/13/17

**GROUNDWATER QUALITY MONITORING:
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and 1 copy to:**

 DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

 Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon
 ☐ Remediation: Infiltration Gallery
☐ Spray Field
 ☒ Remediation: Groundwater
☐ Rotary Distributor
 ☐ Land Application of Sludge
☐ Water Source Heat Pump
 ☐ Other: _____

SAMPLING INFORMATION

 WELL ID NUMBER (from Permit): MW-4S Date sample collected: 10/5/16
 Well Depth: 41.97 ft. Well Diameter: 2 in.
 Depth to Water Level: 34.95 ft. below measuring point Screened Interval: 31.9 ft. to 41.9 ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 473.49 ft.
 Volume of water pumped/bailed before sampling: 0.5 gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

 pH 4.68 units Temp. 17.89 °C
 Spec. Cond. 97 µMhos
 Odor None
 Appearance Clear

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8085A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen NC 28315 County Moore

(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): MW-5SDate sample collected: 10/5/16Well Depth: 47.44 ft.Well Diameter: 2 in.Depth to Water Level: 38.89 ft. below measuring pointScreened Interval: 37.4 ft. to 47.4 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 471.36 ft.Volume of water pumped/bailed before sampling: 0.5 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 4.22 units Temp. 17.68 °CSpec. Cond. 48 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Coliform: MF Fecal _____ /100ml

Coliform: MF Total _____ /100ml

(Note: Use MPN method for highly turbid samples)

Nitrite (NO₂) as N _____ mg/l

Nitrate (NO₃) as N _____ mg/l

Phosphorus: Total as P _____ mg/l

Pb - Lead _____ mg/l

Zn - Zinc _____ mg/l

Dissolved Solids: Total _____ mg/l

pH (when analyzed) _____ units

TOC _____ mg/l

Chloride _____ mg/l

Arsenic _____ mg/l

Grease and Oils _____ mg/l

Phenol _____ mg/l

Sulfate _____ mg/l

Specific Conductance _____ µMhos

Total Ammonia _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Orthophosphate _____ mg/l

Al - Aluminum _____ mg/l

Ba - Barium _____ mg/l

Ca - Calcium _____ mg/l

Cd - Cadmium _____ mg/l

Chromium: Total _____ mg/l

Cu - Copper _____ mg/l

Fe - Iron _____ mg/l

Hg - Mercury _____ mg/l

K - Potassium _____ mg/l

Mg - Magnesium _____ mg/l

Mn - Manganese _____ mg/l

Ni - Nickel _____ mg/l

Other (Specify Compounds and Concentration Units):

TCL Pesticides - Results attached

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B /8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
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FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-6S Date sample collected: 10/5/16
 Well Depth: 47.01 ft. Well Diameter: 2 in.
 Depth to Water Level: 41.15 ft. below measuring point Screened Interval: 37 ft. to 47.0 ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 464.73 ft.
 Volume of water pumped/bailed before sampling: 0.75 gallons
 Samples for **metals** were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 3.88 units Temp. 18.80 °C
 Spec. Cond. 145 µMhos
 Odor None
 Appearance Slightly Cloudy

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
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Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-10S Date sample collected: 10/5/16

Well Depth: 41.36 ft. Well Diameter: 2 in.

Depth to Water Level: 25.53 ft. below measuring point Screened Interval: 31.3 ft. to 41.3 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 461.50 ft.

Volume of water pumped/bailed before sampling: 10.5 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.64 units Temp. 17.44 °C

Spec. Cond. 29 µMhos

Odor None

Appearance Slightly Cloudy

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 PEST, 10/13/16 TCE Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	<u>TCE - Results attached</u>
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	VOC _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	<u>Pest & Biphenyls</u> , method # <u>8081B / 8082A</u>
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
and 1 copy to:**DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-16S Date sample collected: 10/4/16

Well Depth: 68.04 ft. Well Diameter: 2 in.

Depth to Water Level: 46.02 ft. below measuring point Screened Interval: 58 ft. to 68 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 484.58 ft.

Volume of water pumped/bailed before sampling: 5.0 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.31 units Temp. 17.50 °C

Spec. Cond. _____ 63 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 PEST, 10/13/16 TCE Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	<u>TCE - Results attached</u>
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	<u>VOC</u> _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	<u>Pest & Biphenyls</u> _____, method # <u>8081B / 8082B</u>
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-17S Date sample collected: 10/4/16

Well Depth: 59.42 ft. Well Diameter: 2 in.

Depth to Water Level: 46.37 ft. below measuring point Screened Interval: 49.4 ft. to 59.4 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 480.22 ft.

Volume of water pumped/bailed before sampling: 5.25 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.46 units Temp. 17.61 °C

Spec. Cond. 66 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 PEST, 10/13/16 TCE Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	<u>TCE - Results attached</u>
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	VOC _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____ , method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____ , method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)

2/13/17 (Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen NC 28315
(City) (State) (Zip)County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): MW-18SDate sample collected: 10/4/16Well Depth: 49.75 ft.Well Diameter: 2 in.Depth to Water Level: 47.63 ft. below measuring pointScreened Interval: 39.7 ft. to 49.7 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 467.83 ft.Volume of water pumped/bailed before sampling: 0.4 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 4.03 units Temp. 20.21 °CSpec. Cond. 94 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16 PEST, 10/13/16 TCELaboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l
 Coliform: MF Fecal _____ /100ml
 Coliform: MF Total _____ /100ml
 (Note: Use MPN method for highly turbid samples)

Dissolved Solids: Total _____ mg/l
 pH (when analyzed) _____ units
 TOC _____ mg/l
 Chloride _____ mg/l
 Arsenic _____ mg/l
 Grease and Oils _____ mg/l
 Phenol _____ mg/l
 Sulfate _____ mg/l
 Specific Conductance _____ µMhos
 Total Ammonia _____ mg/l
 (Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)
 TKN as N _____ mg/l

Nitrite (NO₂) as N _____ mg/l
 Nitrate (NO₃) as N _____ mg/l
 Phosphorus: Total as P _____ mg/l
 Orthophosphate _____ mg/l
 Al - Aluminum _____ mg/l
 Ba - Barium _____ mg/l
 Ca - Calcium _____ mg/l
 Cd - Cadmium _____ mg/l
 Chromium: Total _____ mg/l
 Cu - Copper _____ mg/l
 Fe - Iron _____ mg/l
 Hg - Mercury _____ mg/l
 K - Potassium _____ mg/l
 Mg - Magnesium _____ mg/l
 Mn - Manganese _____ mg/l
 Ni - Nickel _____ mg/l

Pb - Lead _____ mg/l
 Zn - Zinc _____ mg/l

Other (Specify Compounds and Concentration Units):

TCL Pesticides - Results attachedTCE - Results attached**ORGANICS:** (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC, method # 8260Pest & Biphenyls, method # 8081B / 8082A_____, method # _____
_____, method # _____**For Remediation Systems Only (Attach Lab Reports):**

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date 2/13/17

**GROUNDWATER QUALITY MONITORING:
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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen NC 28315
(City) (State) (Zip)County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): MW-11DDate sample collected: 10/4/16Well Depth: 75.39 ft.Well Diameter: 2 in.Depth to Water Level: 69.31 ft. below measuring pointScreened Interval: 65 ft. to 75 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 463.41 ft.Volume of water pumped/bailed before sampling: 2.5 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 3.98 units Temp. 17.35 °CSpec. Cond. 16 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16 PEST, 10/13/16 TCELaboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TCE - Results attached

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☐ Yes (1) ☒ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

[Signature]
Signature of Permittee (or Authorized Agent)2/13/17
(Date)

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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-16D Date sample collected: 10/4/16

Well Depth: 123.57 ft. Well Diameter: 2 in.

Depth to Water Level: 92.82 ft. below measuring point Screened Interval: 113 ft. to 123 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 487.55 ft.

Volume of water pumped/bailed before sampling: 0.75 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.24 units Temp. 18.52 °C

Spec. Cond. _____ 38 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/13/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCE - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	<u>VOC</u> _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen: NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

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FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-17D Date sample collected: 10/4/16
 Well Depth: 123.17 ft. Well Diameter: 2 in.
 Depth to Water Level: 94.65 ft. below measuring point Screened Interval: 113 ft. to 123 ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 489.60 ft.
 Volume of water pumped/bailed before sampling: 4 gallons
 Samples for **metals** were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:
 pH 4.39 units Temp. 17.65 °C
 Spec. Cond. 27 µMhos
 Odor None
 Appearance Clear

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 10/14/16 Laboratory Name: Test America Certification No. 269
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCE - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	<u>VOC</u> _____, method # <u>8260</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

GW-59 Rev. 1/2007

Signature of Permittee (or Authorized Agent)

(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**Mail original
and 1 copy to:DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

28315

(Zip)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): MW-18DDate sample collected: 10/5/16Well Depth: 72.36 ft.Well Diameter: 2 in.Depth to Water Level: 56.20 ft. below measuring pointScreened Interval: 62.6 ft. to 72.3 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 447.41 ft.Volume of water pumped/bailed before sampling: 3 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 4.09 units Temp. 16.93 °CSpec. Cond. 73 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16 PEST, 10/13/16 TCELaboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCE - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TCL Pesticides - Results Attached

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC _____, method # 8260Pest & Biphenyls _____, method # 8081B / 8082 A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-20D Date sample collected: 10/4/16

Well Depth: 47.44 ft. Well Diameter: 2 in.

Depth to Water Level: 37.29 ft. below measuring point Screened Interval: 37.4 ft. to 47.4 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 421.24 ft.

Volume of water pumped/bailed before sampling: 2 gallons

Samples for **metals** were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.23 units Temp. 17.79 °C

Spec. Cond. 31 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input type="checkbox"/> Yes (1) <input checked="" type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen NC 28315 County Moore

(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): MW-22DDate sample collected: 10/4/16Well Depth: 85.73 ft.Well Diameter: 2 in.Depth to Water Level: 66.47 ft. below measuring pointScreened Interval: 75.7 ft. to 85.7 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 449.23 ft.Volume of water pumped/bailed before sampling: 4.5 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 4.29 units Temp. 17.83 °CSpec. Cond. 31 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Coliform: MF Fecal _____ /100ml

Coliform: MF Total _____ /100ml

(Note: Use MPN method for highly turbid samples)

Nitrite (NO₂) as N _____ mg/l

Nitrate (NO₃) as N _____ mg/l

Phosphorus: Total as P _____ mg/l

Orthophosphate _____ mg/l

Pb - Lead _____ mg/l

Zn - Zinc _____ mg/l

Dissolved Solids: Total _____ mg/l

pH (when analyzed) _____ units

Al - Aluminum _____ mg/l

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

Other (Specify Compounds and Concentration Units):

TCL Pesticides - Results attached**ORGANICS:** (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen NC 28315 County Moore

(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-23D Date sample collected: 10/4/16

Well Depth: 87.96 ft. Well Diameter: 2 in.

Depth to Water Level: 66.95 ft. below measuring point Screened Interval: 77.9 ft. to 87.9 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 455.22 ft.

Volume of water pumped/bailed before sampling: 4.5 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.41 units Temp. 17.24 °C

Spec. Cond. 26 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-26D Date sample collected: 10/4/16

Well Depth: 27.35 ft. Well Diameter: 2 in.

Depth to Water Level: 6.66 ft. below measuring point Screened Interval: 17.3 ft. to 27.3 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 378.95 ft.

Volume of water pumped/bailed before sampling: 4 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.35 units Temp. 17.69 °C

Spec. Cond. 46 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen (City) NC (State) 28315 (Zip)County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): MW-30DDate sample collected: 10/4/16Well Depth: 75.38 ft.Well Diameter: 2 in.Depth to Water Level: 58.45 ft. below measuring pointScreened Interval: 65.3 ft. to 75.3 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 451.25 ft.Volume of water pumped/bailed before sampling: 3.5 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 3.53 units Temp. 16.92 °CSpec. Cond. 76 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: PEST 10/12/16, TCE 10/13/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TCE - Results attached

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)VOC, method # 8260Pest & Biphenyls, method # 8081B / 8082A

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date: 2/13/17

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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(City)

NC

(State)

28315

(Zip)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): MW-22LDate sample collected: 10/4/16Well Depth: 145.20 ft.Well Diameter: 2 in.Depth to Water Level: 68.34 ft. below measuring pointScreened Interval: 135 ft. to 145 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 449.51 ft.Volume of water pumped/bailed before sampling: 12.5 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 3.89 units Temp. 19.54 °C

Spec. Cond. _____ 49 µMhos

Odor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.**

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**
**Mail original
and 1 copy to:**

 DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

 Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

 WELL ID NUMBER (from Permit): MW-25L Date sample collected: 10/5/16
 Well Depth: 74.60 ft. Well Diameter: 2 in.
 Depth to Water Level: 25.00 ft. below measuring point Screened Interval: 64.6 ft. to 74.6 ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 384.63 ft.
 Volume of water pumped/bailed before sampling: 6 gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

 FIELD ANALYSES:
 pH 4.59 units Temp. 17.54 °C
 Spec. Cond. 26 µMhos
 Odor None
 Appearance Clear

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-27L Date sample collected: 10/19/16

Well Depth: 86.54 ft. Well Diameter: 2 in.

Depth to Water Level: 31.60 ft. below measuring point Screened Interval: 76.5 ft. to 86.5 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 397.13 ft.

Volume of water pumped/bailed before sampling: 9 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 3.09 units Temp. 17.06 °C

Spec. Cond. 75 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/26/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-31L Date sample collected: 10/19/16

Well Depth: 22.0 ft. Well Diameter: 2 in.

Depth to Water Level: 1.74 ft. below measuring point Screened Interval: 12.0 ft. to 22. ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 332.68 ft.

Volume of water pumped/bailed before sampling: 4 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 3.44 units Temp. 23.91 °C

Spec. Cond. 65 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/26/16 Laboratory Name: Test America Certification No. 269**PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.**

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

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FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen (City) NC (State) 28315 (Zip) County Moore
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
 (from Permit)

 PERMIT Number: _____ Expiration Date: 05/31/18

 Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-32L Date sample collected: 10/19/16
 Well Depth: 26.99 ft. Well Diameter: 2 in.
 Depth to Water Level: 3.97 ft. below measuring point Screened Interval: 16.9 ft. to 26.9 ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 322.45 ft.
 Volume of water pumped/bailed before sampling: 4.5 gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:
 pH 3.82 units Temp. 19.53 °C
 Spec. Cond. 32 µMhos
 Odor None
 Appearance Clear

 If WELL
WAS
DRY at
time of
sampling,
check
here: ☐
LABORATORY INFORMATION

 Date sample analyzed: 10/26/16 Laboratory Name: Test America Certification No. 269
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	<u>Pest & Biphenyls</u> , method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

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Signature of Permittee (or Authorized Agent)

(Date)

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Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site
 Permit Name (if different): _____
 Facility Address: Domino Drive
Aberdeen NC 28315 County Moore
(City) (State) (Zip)
 Contact Person: Garland Hilliard Telephone#: 423.336.4479
 Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
☐ Spray Field ☒ Remediation: Groundwater
☐ Rotary Distributor ☐ Land Application of Sludge
☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-36L Date sample collected: 10/4/16
 Well Depth: 106.0 ft. Well Diameter: 2 in.
 Depth to Water Level: 36.40 ft. below measuring point Screened Interval: 96.0 ft. to 106 ft.
 Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 414.18 ft.
 Volume of water pumped/bailed before sampling: 10 gallons
 Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.40 units Temp. 17.06 °C
 Spec. Cond. 19 µMhos
 Odor None
 Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
<small>(Note: Use MPN method for highly turbid samples)</small>	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
<small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

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Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-37L Date sample collected: 10/5/16

Well Depth: 46.18 ft. Well Diameter: 2 in.

Depth to Water Level: 11.00 ft. below measuring point Screened Interval: 36.1 ft. to 46.1 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 354.86 ft.

Volume of water pumped/bailed before sampling: _____ 6 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.39 units Temp. 16.89 °C

Spec. Cond. _____ 32 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/12/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM****Mail original
and 1 copy to:**DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949 UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): MW-38L Date sample collected: 10/19/16

Well Depth: 28.14 ft. Well Diameter: 2 in.

Depth to Water Level: 9.58 ft. below measuring point Screened Interval: 18.1 ft. to 28.1 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 327.30 ft.

Volume of water pumped/bailed before sampling: 4 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 4.25 units Temp. 20.05 °C

Spec. Cond. 51 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/26/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input checked="" type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8081A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

28315

(Zip)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): MW-39LDate sample collected: 10/19/16Well Depth: 20.29 ft.Well Diameter: 2 in.Depth to Water Level: 3.97 ft. below measuring pointScreened Interval: 10.2 ft. to 20.2 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 389.86 ft.

Volume of water pumped/bailed before sampling: _____ 3 gallons

Samples for metals were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 3.99 units Temp. 23.16 °C

Spec. Cond. _____ 62 µMhos

Odor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/26/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

28315

(Zip)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): MW-40LDate sample collected: 10/19/16Well Depth: 27.76 ft.Well Diameter: 2 in.Depth to Water Level: 1.75 ft. below measuring pointScreened Interval: 17.7 ft. to 27.7 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 334.45 ft.Volume of water pumped/bailed before sampling: 12.5 gallonsSamples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 3.41 units Temp. 18.72 °CSpec. Cond. _____ 38 µMhosOdor NoneAppearance CloudyIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/26/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

28315

(Zip)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump☐ Other: _____**SAMPLING INFORMATION**WELL ID NUMBER (from Permit): PZ-2Date sample collected: 10/5/16Well Depth: 36.18 ft.Well Diameter: 2 in.Depth to Water Level: 5.15 ft. below measuring pointScreened Interval: 26.1 ft. to 36.1 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 343.79 ft.Volume of water pumped/bailed before sampling: 5.5 gallonsSamples for **metals** were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 4.50 units Temp. 18.81 °CSpec. Cond. _____ 30 µMhosOdor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS** NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

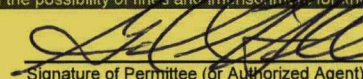
Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type


Signature of Permittee (or Authorized Agent)2/13/17
(Date)

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION**

Please Print Clearly or Type

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino DriveAberdeen

(Street)

NC

(State)

28315

(Zip)

County MooreContact Person: Garland HilliardTelephone#: 423.336.4479

Well Location/Site Name: _____

No. of wells to be sampled: _____

(from Permit)

PERMIT Number: _____

Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED☐ Lagoon☐ Remediation: Infiltration Gallery☐ Spray Field☒ Remediation: Groundwater☐ Rotary Distributor☐ Land Application of Sludge☐ Water Source Heat Pump

Other: _____

SAMPLING INFORMATIONWELL ID NUMBER (from Permit): PZ-3Date sample collected: 10/5/16Well Depth: 61.54 ft.Well Diameter: 2 in.Depth to Water Level: 35.69 ft. below measuring pointScreened Interval: 51.5 ft. to 61.5 ft.

Measuring Point is _____ ft. above land surface

Relative M.P. Elevation: 381.02 ft.

Volume of water pumped/bailed before sampling: _____ 4 gallons

Samples for metals were collected unfiltered: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO**FIELD ANALYSES:**pH 4.40 units Temp. 16.90 °C

Spec. Cond. _____ 20 µMhos

Odor NoneAppearance ClearIf WELL
WAS
DRY at
time of
sampling,
check
here: ☐**LABORATORY INFORMATION**Date sample analyzed: 10/12/16Laboratory Name: Test AmericaCertification No. 269**PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.**

COD _____ mg/l

Nitrite (NO₂) as N _____ mg/l

Pb - Lead _____ mg/l

Coliform: MF Fecal _____ /100ml

Nitrate (NO₃) as N _____ mg/l

Zn - Zinc _____ mg/l

Coliform: MF Total _____ /100ml

Phosphorus: Total as P _____ mg/l

(Note: Use MPN method for highly turbid samples)

Orthophosphate _____ mg/l

Other (Specify Compounds and Concentration Units):

Dissolved Solids: Total _____ mg/l

Al - Aluminum _____ mg/l

TCL Pesticides - Results attached

pH (when analyzed) _____ units

Ba - Barium _____ mg/l

TOC _____ mg/l

Ca - Calcium _____ mg/l

Chloride _____ mg/l

Cd - Cadmium _____ mg/l

Arsenic _____ mg/l

Chromium: Total _____ mg/l

Grease and Oils _____ mg/l

Cu - Copper _____ mg/l

Phenol _____ mg/l

Fe - Iron _____ mg/l

Sulfate _____ mg/l

Hg - Mercury _____ mg/l

Specific Conductance _____ µMhos

K - Potassium _____ mg/l

Total Ammonia _____ mg/l

Mg - Magnesium _____ mg/l

(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)

Mn - Manganese _____ mg/l

TKN as N _____ mg/l

Ni - Nickel _____ mg/l

ORGANICS: (by GC, GC/MS, HPLC)

(Specify test and method #. ATTACH LAB REPORT.)

Report Attached? ☒ Yes (1) ☐ No (0)Pest & Biphenyls _____, method # 8081B / 8082A

_____, method # _____

_____, method # _____

_____, method # _____

For Remediation Systems Only (Attach Lab Reports):

Influent Total VOCs: _____ mg/L

Effluent Total VOCs: _____ mg/L

VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

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1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: (919) 733-3221**FACILITY INFORMATION***Please Print Clearly or Type*

Facility Name: Geigy Chemical Corporation Site

Permit Name (if different): _____

Facility Address: Domino Drive

Aberdeen (City) NC (State) 28315 (Zip) County Moore

Contact Person: Garland Hilliard Telephone#: 423.336.4479

Well Location/Site Name: _____ No. of wells to be sampled: _____
(from Permit)

PERMIT Number: _____ Expiration Date: 05/31/18Non-Discharge WQ0009949

UIC _____

NPDES _____

Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

- ☐ Lagoon ☐ Remediation: Infiltration Gallery
- ☐ Spray Field ☒ Remediation: Groundwater
- ☐ Rotary Distributor ☐ Land Application of Sludge
- ☐ Water Source Heat Pump ☐ Other: _____

SAMPLING INFORMATION

WELL ID NUMBER (from Permit): PZ-5 Date sample collected: 10/19/16

Well Depth: 30.12 ft. Well Diameter: 2 in.

Depth to Water Level: 4.62 ft. below measuring point Screened Interval: 20.1 ft. to 30.1 ft.

Measuring Point is _____ ft. above land surface Relative M.P. Elevation: 335.98 ft.

Volume of water pumped/bailed before sampling: 5 gallons

Samples for **metals** were collected **unfiltered**: ☐ YES ☐ NO and field acidified: ☐ YES ☐ NO

FIELD ANALYSES:

pH 3.19 units Temp. 21.60 °C

Spec. Cond. 66 µMhos

Odor None

Appearance Clear

If WELL
WAS
DRY at
time of
sampling,
check
here: ☐

LABORATORY INFORMATION

Date sample analyzed: 10/27/16 Laboratory Name: Test America Certification No. 269

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Pb - Lead _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Zn - Zinc _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Other (Specify Compounds and Concentration Units):
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	<u>TCL Pesticides - Results attached</u>
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	_____
pH (when analyzed) _____ units	Ba - Barium _____ mg/l	_____
TOC _____ mg/l	Ca - Calcium _____ mg/l	_____
Chloride _____ mg/l	Cd - Cadmium _____ mg/l	_____
Arsenic _____ mg/l	Chromium: Total _____ mg/l	_____
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	ORGANICS: (by GC, GC/MS, HPLC)
Phenol _____ mg/l	Fe - Iron _____ mg/l	(Specify test and method #. ATTACH LAB REPORT.)
Sulfate _____ mg/l	Hg - Mercury _____ mg/l	Report Attached? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Specific Conductance _____ µMhos	K - Potassium _____ mg/l	Pest & Biphenyls _____, method # <u>8081B / 8082A</u>
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	_____, method # _____
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)	Mn - Manganese _____ mg/l	_____, method # _____
TKN as N _____ mg/l	Ni - Nickel _____ mg/l	_____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L VOC Removal% _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWQ-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Garland Hilliard - Director, Environmental Remediation

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

2/13/17
(Date)

ATTACHMENT 6

2016 MONTHLY WINDSHIELD SURVEY

Reconnaissance for New Construction within Area of Plume	
Project: <u>Geigy Superfund Site</u> Location: <u>Aberdeen, NC</u> Project No.: <u>11.990010.00</u>	Date: <u>January to December 2016</u> Data Collected by: <u>CWH</u>

Project No.: 11.990010.00

Data Collected by: CWH

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